DOCUMENT RESUME

ED 027 386 VT 007 198

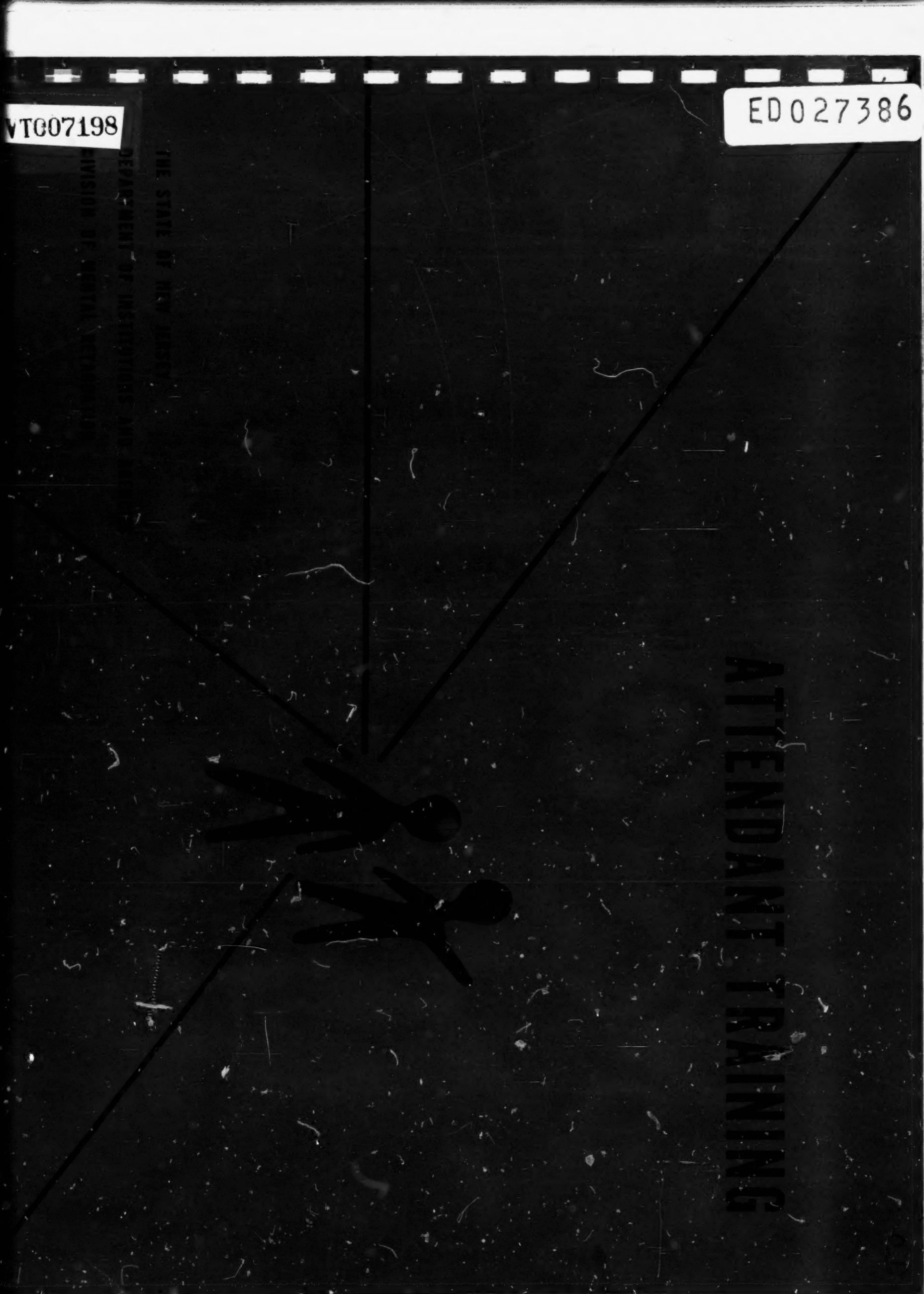
A Guide for Attendant Training in Institutions for the Mentally Retarded.
New Jersey State Dept. of Institutions and Agencies, Trenton. Div. of Mental Retardation.
Spons Agency-Public Health Service (DHEW), Washington, D.C.
Grant-OM-838
Note-112p.
EDRS Price MF-$0.50 HC-$5.70
Descriptors-*Attendant Training, Curriculum, Lesson Plans, *Mentally Handicapped, Mental Retardation, *Program Development, *Teaching Guides, Teaching Methods

The guide is intended as a stimulus for the establishment of training programs for newly employed attendants and as an aid to the development of on-going in-service training. The instructor should select those subject areas which meet the needs of the institution and its residents. It is expected that additions and deletions will be made. The body of the manual is an outline which indicates the topic and purpose for each lesson and presents in parallel columns suggested content, teaching methods and aids, and reading references in relation to each sub-topic. Lesson topics include: (1) Background on mental retardation, (2) growth and development, (3) social emotional needs, (4) housekeeping in the cottage, (5) safety, (6) civil defense, (7) training, feeding, and clothing the resident, (8) personal health and hygiene, (9) nursing care, (10) common diseases and conditions, (11) body mechanics, (12) leisure time, (13) sex education, (14) religion, (15) discipline, (16) referring problems, (17) and the responsibility of the attendant to the patient. The appendix includes a glossary, bibliography, film list, and list of agencies from which resource materials may be obtained. (JK)

VT007198

ED027386

THE STATE OF NEW JERSEY
DEPARTMENT OF INSTITUTIONS AND
DIVISION OF MENTAL RETARDATION



ATTENDANT TRAINING

A Guide for Attendant Training In Institutions For the Mentally Retarded

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL OFFICE OF EDUCATION POSITION OR POLICY.

PURPOSE:

To improve the care given to all residents within institutions for the retarded.

Preparation of this manual was made possible by P.H.S. Grant OM-838 from the U. S. Department of Health, Education and Welfare, National Institute of Health, Public Health Service.

ACKNOWLEDGEMENTS

This project was conceived of by a committee invoked by the Division of Mental Retardation representing the five public institutions for the retarded in the State of New Jersey. The members of the committee and superintendents of these institutions contributed in a significant way to the concepts reflected in this document. Federal funds made possible the employment of a group of dedicated professionals who, assisted by the New Jersey departmental committee, produced this document.

TABLE OF CONTENTS

Foreword i
By Way of Introduction iii
The Use of the Manual v

PART I

Background on Mental Retardation 1
Growth and Development 4
Understanding Social and Emotional Needs 9

PART II

Housekeeping in the Cottage 15
Safety 30
Fire Prevention and Control 32
Civil Defense 34
General Information About the Institution 36

PART III

Training the Resident 45
Feeding the Resident 48
Clothing the Resident 53
Personal Health and Hygiene 57
Nursing Care of the Residents 64
Common Diseases and Conditions 72
Body Mechanics 77
The Resident and the Use of Leisure Time 80
Sex Education 87
Religion 90
Discipline 91
When to Refer 93
The Responsibility of the Attendant to the Parent 95

APPENDIX

Glossary 99
Bibliography 102
Film List 104
Associations, Organizations and Agencies 100

FOREWORD

by

PEARL S. BUCK

"I said that I chose my child's permanent home by finding as the head the sort of person whom I could trust. Today, were I to choose again, I would also go into every cottage and look at the type of attendant there. Were they the hard-faced professional type, the ones who go from institution to institution, callous, cruel, ready to strike a child who does not conform, I would reject that place. For the most important person in an institution, so far as the child is concerned, and therefore so far as the parent is concerned, is not the executive, and not the man or woman in the offices, not even the doctor and the psychologist and the teacher, but the attendant, the person who has the direct care of the child."

From the book "The Child Who Never Grew"
The John Day Publishing Company, N. Y.

BY WAY OF INTRODUCTION

THE PURPOSE

This guide has been prepared to assist those who have the responsibility of training attendants in institutions for the mentally retarded. It attempts to identify those duties necessary for attendants to know in order that they may carry out their responsibilities to the residents and to the institution and suggests ways in which these duties may be taught.

The guide offers resources for background and additional materials that can be used in the training program. The person using this guide should select those subject areas or portions of those subject areas that best meet his needs—that is, the needs of the residents and the needs of the institution. Additions and deletions by each instructor are expected.

The guide should act as stimulus for the establishment of training programs for newly employed attendants and will serve as a source of information for the development on on-going in-service training.

SOME EXPECTED OUTCOMES FROM TRAINING

In the training process an organization seeks, in a well planned manner, to develop in its employees the skills and attitudes necessary to provide for the highest level of performance in accordance with the aim of the institution.

While training is not the cure-all, there are several benefits to be derived from organized and well-thought-out courses of instruction. Such benefits may include some or all of the following:

Improvement in the quality of service and care given to the residents.
Improvement in the quantity of service and care given to the residents.
Reduction in costs.
Reduction in accidents.
Reduction in abensteeism.
Reduction in turnover.
Improvement in staff morale.
Improvement of attendants' status.
Fixed duties, responsibilities and authority.
Improvement of employee attitudes.
Increased acceptance of institutional policy by attendant.

SOME FACTORS IN THE DEVELOPMENT OF THE TRAINING PROGRAM

In establishing a formal training program there are some important practical problems that need to be considered early in the planning. Unless these factors are carefully developed much of the effectiveness of training may be lost.

Determine the need for training.
Statement of objective; what specific outcomes are to be expected.
Who will be taught.
What subject matter specifically is to be taught.
Determination of time and duration.
Selection of the person to give the training.

Qualification of the instructor

Related experience
Knowledge of the subject matter
Acceptable manner of presentation
Ability to review and coordinate thinking of group
Ability to select appropriate teaching material

Source of instructor

Institution staff members
Outside agency representation

Provide satisfactory environment and materials.
Determine method or methods to be used in training.

SOME BASIC PRINCIPLES OF LEARNING

There are some basic laws of learning that should be understood by the user of this manual. These fundamental principles are applicable to almost any instructor-learner relationship, large group or small, elementary or advanced, classroom or on the job, formal or informal.

Attitude

The attitude of the learner toward his work goal will affect his interest in the program. There can be no genuine learning unless the interest and attention of the learner are captured and focused on the learning objective. It becomes important to the instructor to use methods and activities that will motivate and direct the interest of the sudent.

Participation

People learn by doing and by becoming involved. Student activity, visits, demonstration and so forth, suggested in the guide are based upon the awareness of this principle. Activity, both mental and physical, should always accompany the learning process.

Repetition

Each student should be given the opportunity to practice his skill until the skill becomes habitual. This is based upon the fact that repetition is necessary to develop initial abilities into well trained habits.

Application

Facts, ideas and principles become more meaningful as they are more widely and more often applied.

TEACHING METHODS

Inasmuch as a teaching method is a means of communication, the approach that the instructor uses to present his information is important. To be most effective a variety of methods should be used.

NOTE: Effective teaching largely depends upon the attention given by the instructor to the steps and techniques he uses in planning his area or areas of presentation.

A description of some teaching methods which may be used are:

Lecture The verbal giving of information; care should be taken not to over-use.

Discussion The exchange of ideas with learner participation. This technique usually is most effective when used with small groups probably not exceeding 12-15 class members.

Demonstration The presentation step of instruction; it must be organized logically and repeated as necessary.

Illustration A chart, diagram or picture assisting the learner in acquiring understanding and appreciation he may not get from words.

Questioning A method to stimulate thought and discussion by inquiry.

Trips and Visits The seeing of a procedure performed in its actual setting can be helpful; however, it may be time-consuming and of little value unless the learner knows exactly the purpose of the visit.

Visual Aids The use of movies, slides and film strips must be evaluated in terms of the subject matter and the purpose they are expected to serve in the learning process.

Directed Reading and Study Assigned reading will be helpful in gaining information and understanding. The instructor will have to gear his use of this technique to the abilities and interest of the class.

The Case Study This is a written description of some actual or hypothetical situation. The method trains the learner to identify and analyze complex problems and to form his own solutions. This method is best used with the more experienced attendants and should be handled in small groups probably not exceeding 12-15 people.

Role Playing The dramatization of working activities and situations. The participant takes the part of the person involved and acts in accordance with what he knows or feels. It emphasizes doing and not telling; however, its use requires careful organization, experience and leadership. Skillfully planned, it can be of value in teaching the attendant who has some experience.

The Outside Speaker A lecture by an experienced person who has considerable knowledge and insight about the subject. The speaker should be informed about the nature of the group. It is usually a good idea to discuss the presentation of the guest at the next training session in order to clear up possible misconceptions and to be sure that the correct applications and assumptions are made by the learner.

THE FOUR-STEP METHOD OF INSTRUCTION

The four-step process of instruction has good adaptability in the teaching of skills to attendants. This tried and proven method is suggested as follows:

Step 1—PREPARE THE LEARNER

Put them at ease
Find out what they know about the job
Create interest and the desire to learn

Step 2—DEMONSTRATE THE JOB TO BE LEARNED

Tell, show, illustrate and question
Proceed with one important step at a time
Stress key points
Explain clearly, completely and slowly
Question and repeat
Be patient—use simple words

Step 3—APPLICATION

Have the students perform the job for you
Have them tell and show you
Have them explain the key points
Observe them and correct errors
Continue until you know they know

Step 4—TESTING

Put students on their own
Encourage questions and reporting of problems
Check often
Taper off close supervision as performance meets standards

ON THE JOB EXPERIENCE

Learning to perform the required duties in the actual work setting will constitute an important part of the attendant's training experience.

The trainee should not be placed in the cottage and be responsible for functions for which he has not been trained.

THE USE OF FILMS

The use of films has been found helpful in most training programs. Films may be obtained from several different sources:

State film libraries
Audio-visual department of universities and colleges
Local offices of state health agencies
National offices of professional organizations
Commercial companies such as drug, cleaning, etc.
Commercial film companies

The ordering and previewing of films

Films must be ordered well in advance of the showing date.
Films should be previewed as a part of the lesson planning.
The instructor should be able to relate the subject matter to the students.

The showing of films

Short films: Inform the class of the subject matter.
Point out areas that class should note.
Have class look for certain points and be able to answer questions about specific issues.

Longer films: Same as above.
Break for discusison at appropriate points.

Use of Films

Allow enough time for the film to be discussed. A film can provide a source for test questions.

The film should serve as additionai information about a subject and is a good way to stress a point, a topic, or to provide material for discussion.

THE FILM IS PART OF THE TOTAL LESSON—THE TOTAL LESSON IS NOT THE FILM.

The Cost of Films

Many films can be obtained free of charge with the user paying only the postage.

Some sources make a nominal charge for handling and repair plus postage.

Other agencies may charge as much as $25.00 or more for certain films.

NOTE: A directory listing 16 mm. film libraries (public and private) is published by the Office of Education, U. S. Department of Health, Education and Welfare. The Education Program Service, Randolph, Wisconsin, publishes a guide listing free films.

THE USE OF THE MANUAL

EXPLANATION OF THE FORMAT

For the convenience of the instructor the suggested material is presented in an outline form utilizing four columns to the page.

The headings Subject and Purpose at the beginning of each section identifies the general area of interest and the reason for teaching this section.

Subheading identifies in detail the specific section under a general topic.

Suggested Content contains suggested material on a particular subject. The instructor will, however, have to adapt this to the needs of his course.

Suggested Teaching Methods identifies methods that may be used in the presentation of material.

Some teaching methods such as lectures, discussion, visual aids, etc., are offered. Other methods may be adapted from those listed on page IV of the introduction.

Reference contains sources for obtaining supportive material and additional information on the subject. Every effort was made to use books, pamphlets, brochures or films that are current and available. It is realized that some of the references cited may have been discontinued or replaced by newer material. It is partially for the reason of remaining current that a list of associations, organizations and agencies is included in the appendix.

THE TRAINING RECORD

In order for the trainer to know the progress of the attendant it may be necessary to keep an accurate record of individual accomplishments. Such a record would indicate satisfactory accomplishment and point to the need for re-emphasizing certain content.

The record could indicate the following:

The attendant's name
The duty to be performed
Approval given for duty performed by supervisor or instructor
The need for additional training
The name or initial of the trainer or supervisor

A Suggested Form

ATTENDANT TRAINING RECORD

Name.....

	Duty	Date Performance Approved	Needs Additional Training	Trainer
	1.			
	2.			
	3.			

COURSE CONTENT

PART I

SUBJECT: BACKGROUND ON MENTAL RETARDATION

PURPOSE: To provide the attendant with some basic information, history and background on mental retardation.

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Commentary	*Mental retardation may be defined* as a state of incomplete mental development always existing since the time of birth or shortly thereafter. The mentally retarded are individuals with needs, wishes, hopes and behavior that, in many ways, are not different from people in general. However, their condition does set the limits that their abilities, interests and skills may reach. It is for this reason that the retardate require guidance and supervision in their attempts to meet their basic social, physical, emotional and economic needs.	Film Lecture Discussion Book Pamphlet	*Children Limited* *The Mentally Retarded*, Chapter One *The Child Who is Mentally Retarded*, pp. 9-11
	The amount of assistance required depends largely upon the degree of retardation. The retarded are often grouped into three categories: the *High Grade* who are mildly retarded and educable, the *Middle Grade* who are moderately retarded and trainable and the *Low Grade* who are severely retarded and custodial.	Book Report	*Mental Retardation*, p. 374 *Factors Influencing the Institutionalization of Mentally Retarded Individuals in New York City*
	The attendant in the institution for the mentally retarded may encounter residents representing all three grades—some of whom will be multi-handicapped.	Book	*The Mentally Retarded*, p. 2
	It is important to remember that mental retardation cuts across all lines including race, creed, color and income of parents, and as a serious mental condition it effects huge numbers of people. In fact, it has been estimated that there are well over three million mentally retarded people in the United States or, to express it differently, two to three percent of all children born today are eventually recognized as being retarded.		*The Mentally Retarded in Society* *Social Disorganization*, Fourth Edition, p. 269
The Cause of Mental Retardation	In some cases, doctors are able to explain why a particular child is retarded. But no one has been able to find out all the reasons causing mental retardation. Science today suspects over seventy diseases or mishaps as playing a part in causing retardation.	Lecture Discussion Pamphlet	*New Hope for the Retarded Child*, p. 7
	The chief causes of mental retardation are *organic* and *natural*. *Organic* cases are those in which there is physical brain damage prior, during or after birth. The majority of cases of mental retardation are *natural* in the sense that they are not caused by disease or injury. The so-called *natural* mentally retarded person is one born with a mental capacity considerably less than average.	Book	*Baby and Child Care*, p. 587
Myths about Mental Retardation	*Mental retardation is an important social and educational problem* in the United States today. As mentioned above authorities place the number of recognized retardates in this country at well over the three million mark. But still there is considerable misunderstanding and misinformation about the subject. A review of many textbooks on mental retardation published after World War II will illustrate the degree of enlightenment that has come about in a few short years.	Pamphlet	*Facts and Fancies About Mental Deficiency*

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFEPENCE
Myths about Mental Retardation (Cont.)	Literature tells us that the mentally deficient have been recognized since early time. The methods of handling the problem, however, have varied from persecution to reverence to indifference and then to concern and treatment.	Book	*The Mentally Retarded in Society*, pp. 8-10
	It was not until the beginning of the nineteenth century that the first education and medical approach of a definitely scientific character was applied to the problem. This was brought about with the capture of a naked lad who for years had been roaming the woods in France like a wild animal. Taken to a number of institutions and mental hospitals in Paris in the year 1799, this youngster underwent considerable observation and study. Linked with the research of such famous men as Drs. Jean Itard and Philippe Pinel, this case stimulated worldwide attention and is now referred to historically as "The Savage of Aveyron."	Lecture Discussion Book	*The Mentally Retarded in Society* (See Chapter II) "From Society to Science"
	Meeting with much resistance, small groups all over the world nevertheless started experimenting with ideas and concepts that might better the relative position of the mentally retarded in society. Concerned with setting up adequate shelters and in gaining some understanding of the subject, these groups gradually obtained success.		
	Authorities now know that the mentally retarded probably have no more criminal tendencies than the normal population. They know that the mentally retarded are not predetermined sex delinquents. And, most important, authorities now recognize that almost all retardates can be trained and educated to some degree. It is advanced thinking of this sort that has more recently given rise to the public and private institutions whose fundamental purpose is that of training rather than mere custodial care.	Book Pamphlet	*Social Disorganization*, Fourth Edition, p. 280 *How Retarded Children Can Be Helped*
	Developing out of a philosophy that each and every mental subnormal has a right to education and training according to his potential, the popular attitude toward the retardate is beginning to swing in a more positive direction. It is upon fact rather than fiction that emphasis is now being placed.	Book	*Mental Retardation*, pp. 574-580
Characteristics of the mentally retarded	Some children are born with certain unusual physical conditions, such as mongolism, which almost always means that they will be mentally retarded to some degree.	Pamphlet	*The Child Who Is Mentally Retarded*, pp. 6-7
	Most people who are mentally retarded, however, do not have obvious physical defects. The mentally retarded, like anybody else, may or may not suffer from a physical ailment or mental illness. Retardation is a mental limitation and not a disease. However, an experienced person may suspect mental retardation in a particular child because of certain observed characteristics. For example, an experienced mother may note that her youngster is less active than average, lacks physical coordination and is not developing mentally at the rate of many other children of the same age. But even in such a case as this it would take a trained psychologist to diagnose the child accurately as being definitely retarded mentally.	Lecture Discussion Monograph	*The Adjustment of Severely Retarded Adults in the Community*
	As for specific characteristics of the retarded—other than aspects of mental slowness—professionals are not in complete agreement. Perhaps some of this lack of agreement is due to the present undeveloped state of the field itself. To date, though, we have been able to remove some of the more obvious misconceptions. We know, for example, that the retarded are not born with a so-called *"criminal streak"* in them and that they do not ordinarily look retarded.	Article	See, for example, *American Journal of Mental Deficiency*, May 1962, pp. 849-852

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Characteristics of the mentally retarded (Cont.)	With only a small percentage of the retarded in institutions, it is understandable that some, if not most of the institutionalized are multi-handicapped people whose condition is not that of mental retardation alone.	Book	*The Mentally Retarded,* Chapter Three, "Characteristics of the Mentally Retarded"
Hope for the mentally retarded	The fundamental problems of mental retardation such as possible future prevention and the development of medical and chemical cures are the primary responsibility of scientific research but everyone and particularly the attendants in our institutions for the mentally retarded can contribute simply by becoming better informed about the entire subject.	Lecture Discussion	
	For most of the mentally retarded today there is no known cure, and medical science, as yet, has not found a way to restore or replace brain cells that have been injured, destroyed or born in an undeveloped state. However, this does not mean that we cannot offer the retarded, in our institutions and in the communities, considerable help and treatment. Although a few retardates will have to be completely taken care of all their lives, many can be trained to care for their own personal needs, read and write a little—and possibly perform useful, self-sufficient tasks during adulthood.	Monograph Booklet Booklet Book	*Prognosis of Mental Subnormals,* pp. 1-5 *The Backward Child,* pp. 6-7 *The Retarded Can Be Helped* *The Child Who Never Grew*
	For many of the institutionalized retardates we can offer a combination of *care, training* and *education; care* in terms of providing them with food, shelter, medical treatment and an adequate social environment; *training* in terms of offering them the opportunity to learn simple techniques and operations; and *education* in the form of intellectual stimulation geared to their individual level of development.		
	While many specialists are provided at most institutions it must be remembered that it is the attendant who sees and is with the resident on a twenty-four hour 365-day a year basis.	Film Booklet	*Tuesday's Children* *Cottage Parents*

GROWTH AND DEVELOPMENT

PURPOSE: To inform the attendant of the growth and development of individuals.

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Commentary	This section attempts to provide a background on growth and development to be used as a means of comparison and for reference. Only the high points commonly found at the various periods of growth and development are mentioned. It must be understood that exceptions around these points are common.	Pamphlet (*For general information*) Pamphlet	*Enjoy Your Child*, pp. 1, 2, 3 *Understand Your Child from 6 to 12*
	It is suggested that the content in this section be presented by a clinician.	Pamphlet	The Three R's
Physical Growth	*Rates of growth vary considerably* both for individuals and for particular parts and functions. When a child reaches adolescence growth varies quite considerably. There are a number of systems used in measuring development: Skeletal age Dental age Morphological age—*size, height, etc.* Secondary sex characters	Book	*Growth and Adolescence*, Chap. I & IV
	The periods listed here should be taken as very broad and overlapping categories: Early childhood period: accelerated rate of growth Late childhood period: rate of growth is irregular rate is slower than in early childhood period Adolescence: spurts of growth marked changes over short periods of time Late adolescence: physical maturity is completed during this period many of the less obvious changes are taking place the 'filling out' period	Use of Wetzel Grid (*to demonstrate examples of individual growth patterns*)	*Wetzel, W. C.*, pp. 149-154 *Child Study*, pp. 319-324 *Child Study*, pp. 488-493 *Child Study*, pp. 651-652 Also see: *The Child from 5 to 10*, pp. 222-237
Motor Development **(Define)**	*Early childhood:* Period of "large muscle" activity Activities have little organization	Lecture *Give examples from everyday life*	
	Late childhood: Small muscle activity developing Beginning of hand-eye coordination Many new areas of interest	Book Film	*Child Study*, pp. 155-160 *Children's Play*

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Motor Development (Cont.)	*Adolescence:* Development of fine motor coordination Gross motor skills approaches maximum level—more advanced than mental or social motivity	*Use of scales to demonstrate, Osertsky Scale (Lincoln adapt) use of data from Sloan for comparison of retardates and normal may be helpful* Book	*Gro. ·h and Adolescence*, Chap. VIII *Osertsky Motor Development Scale*
	Late adolescence: Fine motor coordination reaches its maximum		
Sensory and Perceptual	*Sensory and perceptual development* is conditioned by both physical and motor development, with irregularities in one way may create irregularities in the other—This area covers: Visual Factual Kinesthetic impression	Book *Discuss the relationship of these areas to others*	*Child Psychology*, pp. 207-209
	The areas of taste and smell are not of major importance for behavior at this point—usually they are more important in adulthood—*for auditory development see section on speech*	Lecture Book	*Child Psychology*, pp. 209-224, 231-234
	Early childhood: Identification is through the structure of a thing—form concepts perceived before color concepts Attention span is shorter during the younger years and develops with age		*Child Study*, p. 169
		Film	*Your Children's Play*
	Late childhood: *Space, distance and position concepts develop here*	Book	*The Child from 5 to 10*, pp. 438-443
	Adolescence and early adulthood: Basic sensory and perceptual development achieved Perceptual accuracy is now highly influenced by social, emotional and intellectual development		
Language Concepts	*Language* may be both vocal and non-vocal—usually the vocal is necessary not only for communication but for social, emotional, and intellectual development *Hearing development* is primary to speech development	Discussion: *Indicate non-verbal examples of communication—repeat caution as to the marked irregularity of speech during childhood* Book	*Child Psychology*, pp. 335-339

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Language Concepts (Cont.)	*Early childhood:* Marked irregularity as to beginning and extent of speech with early speakers and late speakers Child's first speech is mostly about himself First words are 'thing' words Nouns, verbs, adjectives, and pronouns develop in that order Repetition of words common Girls usually develop somewhat earlier than boys	Book Film	*Child Psychology*, pp. 357-358 *The Child from 5 to 10*, pp. 444-454 *Answering the Child's Why*
	Later childhood: Extent of vocabulary and type of vocabulary are influenced by experience and mental ability Speech becomes less self-centered, more 'other' centered Period of questioning "why" questions		
	Adolescence: Language patterns highly influenced by social values and experiences Period of special group language Language used as means of showing group membership	*Demonstrate the 'secret' language and expression of teenagers*	
	Late adolescence: Language reflects social-emotional development Less use of adolescent patterns, more emphasis upon adult speecn	Book	*Child Psychology*, pp. 364-370
Social Development	It is difficult to separate *theories of social development* from theories of personality. Some of the determinants of social development are: Early socialization experiences Home (institution) atmosphere Cultural values	Lecture Book	*Child Psychology*, pp. 447-450
	Early childhood: Most relationships are home-centered. Influence is primarily from the home, the social world is the home. Strong need for approval, little relationship between own behavior and approval Property rights usually not established, "everything is mine" attitude	Film	*Social Development* (An analysis of social behavior at different age levels—behavior patterns—conflicts between the home and the gang, etc.)
	Late childhood: Influence from outside the home effect the child Entrance into school a critical period of transition Shift in interpersonal relationships—child now lives in two "worlds." Chum relationships and preference for own sex Social choices based upon personal preferences rather than adult preferences	Book	*Child Study*, p. 355

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Social Development (Cont.)	*Adolescence:* Peer—(friends, like in age, etc.) groups are primary source of influence—many cliques Conflict between friend groups and adult standards A period of strife in adjustment—Period of intense fads, copying in dress and manners Sex and social interests are interrelated Interest in social skills are major	Scale	*Vineland Social Maturity Scale*
	Later adolescence: Social discrimination increases More acceptance of adult models as social standards Social activities are separated from other areas A more careful selection of friends or groups	Book	*Child Study*, pp. 647-649, 654-657
Values	*Values* in this context are used as frames of reference which influence behavior Values act as anchoring points from which experiences may be evaluated Values increase in range and variety with age, education and social experiences	Lecture—(*point out how values, morals and character are interrelated, discuss the variation in standards*)	
	Early childhood: The child's values are those of his parents Parental limits are both moral and social limits Acceptable behavior and 'right' behavior are the same—emphasis is more on 'wrongs', 'no's being learned before 'yes'	Book Book	*Child Psychology*, pp. 552-559, 566-579 *Child Study*, pp. 352-353 *Child Psychology*, pp. 557-560
	Late childhood: Own values begin to develop—separation of own from parental values—period of "why" Still a strong emphasis upon absolutes		*Child Study*, pp. 529-531
	Adolescence: Period of strong conflict between adult and childhood values Attempt to make the ideals of childhood a reality Adolescent tries to live with two value systems, those of his friends and those of adults Poorly developed values at earlier stages are magnified now Value conflicts find more outlets for expression now—what is antisocial from adult standards and values is not necessarily seen as antisocial from adolescent or friend group values	Lecture Discussion	*The Years from 10 to 16*, pp. 472-483

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Values (Cont.)	*Late adolescence:* General acceptance of cultural values and standards Differences between one's own and society's values are more generally accepted The individual is usually aware when he is doing wrong	Book	*Child Training and Personality*, Chapter XI

SUBJECT: UNDERSTANDING THE BASIC SOCIAL AND EMOTIONAL NEEDS OF THE RESIDENT.

PURPOSE: To assist the attendant in recognizing the importance of helping the resident to gain and maintain acceptable behavior and self-confidence.

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Commentary	Most retarded children can be taught socially desirable behavior and basic emotion control. In an institution the attendant can do a great deal in terms of this fundamental training. In carrying out his daily responsibilities the attendant becomes very personally involved with the resident in his cottage or unit. It is important for the attendant to know how to use this relationship to the best interest of the resident. For example, it may be much easier for the attendant to teach good grooming and acceptable manners to the resident if he himself presents a good appearance and develops good manners. The attendant sets the example in many ways.	Lecture Discussion Pamphlet	*The Child Who Is Mentally Retarded*
Social Behavior	The way a person behaves when he is with others is very important To a large extent we judge people by their social behavior Social behavior is learned behavior brought about by experience and training The majority of the mentally retarded can be taught the simple rules of etiquette A few examples of what the attendant might encourage the resident to do: Breathe through nose—thus keeping lips together while not talking Look at people while engaging in conversation Refrain from inserting fingers in ears, nose and mouth while in presence of others Do not touch personal parts of body while others are present Maintain a pleasant disposition Be careful about dress so as not to cause embarrassment to self and others—see that all buttons are buttoned and that zippers are zipped	Lecture Discussion	
Emotional Control	As a child's world begins to expand there is, ordinarily, a desire to participate in it and to make more and more decisions himself Restriction in action and/or decision making may mean frustration Hence, it is not uncommon for a youngster (even before the age of two) to display a temper spell when he is not permitted to have his own way The capable attendant will not directly oppose the child who shows a temper, but rather, will guide and direct him accordingly The display of considerable attention (reading, talking and spending time with him) at other times will do much to reduce possible periods of frustration A hostile comment like "I hate you" expressed by the child should not be taken personally by the attendant	Lecture Discussion	

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Emotional Control (Cont.)	A child may learn to master his temper by being exposed to emotional habits set by the attendant, however, some expression of emotion is perfectly normal The person who is constantly restricted and reprimanded may develop complete resistance to all authority or react in the opposite manner thereby becoming sullen and downtrodden at all times. Opposition and simple emotional upset is best met by kindness rather than aggression. A certain amount of emotional upset—(*temper*) is entirely normal	Lecture Discussion	
Fear	*Fear* The purpose of fear is to protect us from emotional and physical hurt A fear may develop from a simple immediate cause (such as the banging of a door) or it may stem from a complex situation deeply rooted in the past Whatever the cause, a fear should always be treated with respect and consideration A fear may be "silly" to someone else—but is very real to the one who has it Deep, disturbing fears should be handled with care and, if necessary, professional treatment An environment that provides security and understanding tends to minimize simple fear and anxiety The capable attendant is one who exercises understanding and good judgment	Book Pamphlet	*The Retarded Child*, p. 40 *Fear—What Makes My Child Afraid and Nervous?*
A Happy Environment	The amount of love and affection a child receives from those around him is viewed as playing an important part in his development An atmosphere that radiates affection will generally encourage the resident to respond in a more satisfactory manner A happy and understanding home life—be it in an institution or in the community—tends to provide one with a feeling of security and self-worth Adjustment to occasional adversity or failure is more easily handled by one who has lived in a non-hostile environment With adequate patience and understanding, new ideas may be gradually introduced and desired changes brought about	Lecture Discussion Book	*A Guide for Child-care Workers*
Shyness	*Shyness* is an evaluation of behavior Shyness often represents a normal reaction to an embarrassing or disturbing social situation Though the problem at hand may be of the simplest kind the individual involved may be unable to handle it. A certain amount of shyness is considered entirely normal Most children, at certain ages, experience a degree of shyness in the growing-up process		

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Shyness (Cont.)	All people are not equally sociable—thus the degree of shyness varies from person to person In its simplest form shyness often stems from one or more of the following conditions: New experiences Insufficient knowledge Insecurity Misunderstanding A hostile environment Lack of adequate training Unfounded criticism Humiliation and embarrassment It follows that every resident—in all social situations—be treated with tact, consideration and understanding Should one, however, continue to display excessive shyness it may warrant a referral to a professional staff member	Lecture Discussion	See section: *When to Refer*, p. 93
Bedwetting	*Repeated bed-wetting may be a symptom of an emotional upset* or it may be caused by a physiological condition Regardless of the cause, individuals are often embarrassed by such behavior and sometimes attempt to deny the very act Ridicule of bed-wetting should never be permitted under any circumstances It is of vital importance that the attendant attempt to understand the resident's problems so that his feeling of anxiety may be reduced to a minimum If at all possible, the resident should be sent to bed in a happy and relaxed state It may be advisable that a bed-wetting resident refrain from drinking liquids after the evening meal All unsuccessful bed-wetting cases should be referred to a professional staff member	Book	*The Professional Houseparent*, p. 197
Self-Confidence	*Self-confidence and its development:* Self-confidence is that quality which permits one to meet day to day experiences with a lessening measure of assistance and a degree of sophistication The possession of self-confidence is viewed as a highly desirable trait An environment providing emotional security is thought to foster the development of self-confidence The capable attendant can do much in strengthening the resident's feeling of self-confidence	Pamphlet	*Building Self-Confidence*

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Self-Confidence (Cont.)	Generally speaking, a realistic attitude toward one's abilities and limitations should be considered but at the same time there should be recognition of achievements Even a small amount of praise when warranted will do a lot of good A ready smile of approval or a little pat on the back is sufficient encouragement in many instances Remember, the avoidance of ridicule is essential in the building of one's self-confidence And most important of all, *BE VERY PATIENT!*	Booklet	*The Backward Child*, see, "Your Praise Helps," p. 17

PART II

SUBJECT: HOUSEKEEPING IN THE COTTAGE

PURPOSE: To enable the attendant to create and maintain a clean, safe, pleasant, healthful environment.

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Commentary	The cottage is the home of the resident for his stay with the institution. Every effort should be made to create a comfortable and homelike atmosphere.	Lecture and class discussion	See Chapter Three, *The House* *The Professional Houseparent*
	The housekeeping function must be performed repeatedly according to the demand of the situation.		
	The attendant is responsible for the appearance, the orderliness, the safety and the sanitary conditions within and around the cottage. With instruction, the resident may be able to assist with the housekeeping responsibility. This can be a valuable training experience for the resident.	*The four-step method can be effectively used in teaching housekeeping skills*	*New York Port Authority Cleaning Methods:* Lavatories, Window Washing, Floors
	Special situations and areas need attention immediately. They should be handled by the attendant and not the resident, for example:	Bulletin	*Floor Care and Maintenance*, U. S. Government Bulletin No. 54 T
	Spillage of all kinds Food, water, etc. Urine and other excreta		Contact local hospitals and schools
	Soap + Water + Hardwork = A clean cottage		
The Use of Equipment	*The wet mop:*	Lecture with demonstration	For additional information contact representative of cleaning products used by the institution
	Move furniture, sweep area Use clean mop Right hand—palm up, two inches from end Left hand—palm down, twelve inches down on handle Feet apart Place mop flat on floor three to four feet to left Move mop to right in an arc Mop strands should be spread out for maximum coverage Reverse direction, overlapping Develop rhythm Proper method will lessen fatigue (100 sq. feet can be cleaned with one application) Pull mop along edge of floor next to baseboard, six to eight inches to prevent splashing Rinse with clean water Remove mop from handle and wash in cleaning solution; wring out and hang to dry; place the mop head up Soak new mop head in hot water for 15 minutes to remove lint and toughen fiber.	Return demonstration by student *Construct chart to show coverage and direction of mopping procedure*	
	The use of the electric buffer—buffing, polishing, scrubbing Check to see that all equipment is in good order Electric current to be used must correspond to that for which the machine is made	*Film*	*Floor Show* Film and literature may be obtained from manufacture of machine

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
The Use of Equipment (Cont.)	Insufficient knowledge may cause damage Switch *off* as machine is plugged in Put brush in place by hand when machine is on its side Do not wind cord around handle when using equipment; keep cord behind equipment during use Do not remove plug from socket by jerking; grasp plug and remove Care of walls, furniture, etc., must be taken Avoid tilting the buffer—do not roll downstairs Avoid cord during use of machine When not in use remove brush from machine and hand NOTE: *Gears may be stripped or a brush can be easily broken if the brush is attached by running machine over it and allowing it to lock by starting motor*	Demonstrate Lecture	
	Check to see that equipment is in good order before putting away Oil as directed by manufacturer Wash out brushes Wipe and clean machine often Inspect cord, screws and disc frequently Store in dry, locked area		See *manufacturer's booklet* on the use of the machine
	The use of the dust cloth: Use clean and lint-free cloth Fold cloth into series of squares Start with highest area and work down Use long straight strokes Hold cloth loosely Avoid flicking Wash cloth in hot soapy water and dry in airy place Soiled dust cloths may be sent to the laundry; do not leave lying around		
	Pushbroom: Place dustpan out of traffic where accumulated sweepings can be picked up—if possible ventilate area while sweeping If sweeping compound is used, sprinkle lightly across one end of floor— It is not necessary to distribute compound over entire floor area Grip end of handle with right hand (thumb at extreme end); left hand should be approximately halfway down handle To begin proper stroke; place feet about twelve inches apart. Place left foot in advance of right foot with arm extended on handle Start with even stroke with left foot ahead of right foot by pushing brush forward with right hand	Book Return demonstration by attendant	*Manual of Hospital Housekeeping*, p. 47

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
The Use of Equipment (Cont.)	As brush is moved forward with right hand, thumb of left hand supports handle and fingers serve as guide—brush face should be flat on floor, weight is shifted from right to left foot gradually as stroke is ended At end of stroke, weight is on left foot and both arms are extended—tap brush on floor to free dirt—sixty-inch stroke is usually recommended if worker bends body and becomes fatigued, a shorter stroke will be performed To return brush to original position, lift it from floor and draw it back Motion should be continuous to develop rhythmic stroke Be sure bristles are pointed forward		
Care of Equipment	All *equipment should be inspected daily* for cleanliness and signs of wear *Establish a definite room for storage* *Care of brushes:* Clean daily by combing with a nail brush to remove dust, threads, etc. Wash in warm cleaning solution and rinse in clear, warm water Do not use brush while wet or damp When not in use brushes should be kept off the floor Hang on nail or rack	Lecture Discussion Book Film	*Manual of Hospital Housekeeping* *Floor Show*
	Care of broom: Hand and Push To prevent bristles from curling and to allow them to wear evenly reverse handles weekly on push broom Wash in cleaning solution, rinse in clear water and hang up with straw down; allow to dry thoroughly, using a wet broom will soften the straw and cause loss of shape Broom should always be hung Do not use broom for scrubbing	Demonstration	
	Care of mop buckets: After use, rinse, wash and allow to dry Wipe outside to remove dirt Avoid rough handling		
	Care of squeezees: After use wipe blade Keep in cool place away from fluids	Book	*Manual of Hospital Housekeeping*
	Care of sponge and chamois: Rinse thoroughly Do not twist or squeeze too vigorously Dry by air—avoid heat		

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Floor Covering and Maintenance	*Asphalt tile:* Sweep daily with treated mop or cloth Spot-clean with well wrung mop as required A dilute synthetic detergent may be used If surface is dulled, though still clean, apply single, light top-coat of non-buffable polish Heavily trafficked areas can be patched with very light coat of polish When patching is ineffective, or floor appearance is noticeably degraded by ingrained soil, heel marks, scratches, etc., scrub floor and re-polish Strip water emulsion polishes with acceptable wax remover Apply warm solution and let soak two to five minutes, then mop or machine scrub Rinse as completely as possible and mop up with well wrung mop Re-polish as per initial finishing Avoid oil, grease, solvents, and strong alkaline cleaners Never flood nor leave water or washing solutions on the floor any longer than necessary Avoid sweeping compounds containing oils, sand or abrasives Protect floor against denting by using furniture cups, flat base glides or broad rubber casters Initial finish: apply at least two thin coats of an acceptable buffable or non-buffable water emulsion polish, allow to dry completely before exposing to traffic	*Demonstrate on type of floor as found in institution* Report	*The Care, Cleaning and Selection of Floors and Resilient Floor Covering*
	Linoleum: When using non-buffable polishes: Sweep daily with treated mop or cloth Spot-clean with well wrung mop Dilute synethetic detergent may be used If surface is dulled but still clean apply single light top coat of non-buffable polish Heavily trafficked areas can be patched with very light coat of polish When patching is ineffective or appearance is degraded by soil, heel marks, scratches, etc., scrub floor and repolish	Report Lecture and demonstrate	*The Care, Cleaning and Selection of Floors and Resilient Floor Covering*
	When using buffable water emulsion polishes: Sweep daily with brush broom or treated mop Damp mop weekly with water or dilute synthetic detergent When dry, machine buff Continue daily sweepings Heavily trafficked areas can be patched with very light coat of polish Buff after application If damp mopping followed by buffing fails to restore gloss or clean appearance, scrub floor and re-polish	Film	*Floor Maintenance*

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Floor Covering and Maintenance (Cont.)	When using emulsion paste or polishes: Sweep daily with brush broom or treated mop To clean floor surface, spread compound on power buffer pad and run machine over limited area Reverse or replace pad and buff to high gloss Sweep up loose particles If scuff marks appear, polish floor with a clean pad Re-apply thin coats in extra heavy traffic areas or where wear patterns develop Use clean pads for buffing		
	When using solvent-base polishes: Sweep daily with brush broom or treated mop To clean floor, spread thin coat with soft cloth or applicator Allow to soak two to three minutes Wipe up with same cloth while still wet Allow fifteen to twenty-five minutes drying time, then buff If scuff marks appear, polish floor with clean buffing pad For spot-cleaning, apply heavy coat of solvent wax Allow to soak, rub with steel wool, wipe up excess wax and dirt, then buff dry Wipe up spillages and accidents with well wrung mop dampened in clear water or dilute synthetic detergent Buff when dry to high luster Re-coat with light film as required in heavily trafficked areas or around entrances	Lecture and demonstrate	
	Strip water emulsion polishes with acceptable wax remover: Apply warm solution Let soak two to five minutes, then mop or machine scrub Mop up residue Rinse as completely as possible Mop up with well wrung mop, re-polish as per initial finishing Avoid strong alkaline cleaners Never flood nor leave water or washing solution on the floor any longer than necessary Do not use sweeping compounds containing oils, sand or abrasives Protect floor against denting by using furniture cups, flat base glides or broad rubber casters	Film	*Floor Maintenance*
	Initial finish: Apply at least two thin coats of an acceptable buffable or non-buffable water emulsion polish Allow to dry completely before exposing to traffic		

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Floor Covering and Maintenance (Cont.)	*Rubber Tile:* When using non-buffable polishes: Sweep daily with treated mop or cloth Spot-clean with well wrung mop Dilute synthetic detergent may be used If surface is dulled, though still clean, apply single, light top coat of non-buffable polish Heavily trafficked areas may be patched with light coat of polish When patching is ineffective or floor noticeably degraded by ingrained soil, heel marks, scratches, etc., scrub floor and re-polish When using buffable polishes: Sweep daily with brush broom or treated mop Damp mop weekly with water or dilute synthetic detergent When dry, machine buff Continue daily sweeping Heavily trafficked areas may be patched with light coat of polish Buff after application If damp mopping, followed by buffing, fails to restore gloss, scrub floor and re-polish Strip water emulsion polishes with acceptable wax remover: Apply warm solution, let soak two to five minutes, mop or machine scrub and mop up residue Rinse completely and mop up with well wrung mop Re-polish as per initial finishing Precautions: Avoid oil, grease, solvents and strong alkaline cleaners Never flood or leave water or solutions on the floor any longer than necessary Do not use sweeping compounds containing oil, sand, or abrasives; protect floor against denting by using furniture cups, flat base glides, or broad rubber casters Initial finish: Apply at least two thin coats of an acceptable buffable or non-buffable water emulsion polish Allow to dry completely before exposing to traffic *Vinyl:* When using non-buffable polishes: Sweeping daily with treated mop or cloth Spot-clean with well wrung mop as required Dilute synthetic detergent may be used	Lecture Demonstration	

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Floor Covering and Maintenance (Cont.)	If surface is dulled, though still clean, apply single, light top coat of non-buffable polish When patching is ineffective or floor appearance is noticeably degraded by ingrained soil, heel marks, scratches, etc., scrub floor and re-polish When using buffable polishes: Sweep daily with brush broom or treated mop Damp mop weekly with water or dilute synthetic detergent When dry, machine buff Continue daily sweepings Heavily trafficked areas can be patched with very light coat of polish Buff after application If damp mopping, followed by buffing, fails to restore gloss or clean appearance scrub floor and re-polish The following may be done after initial finishing: Sweep daily with brush broom or treated mop To clean floor surface, spread compound on power buffer pad and run machine over limited area Reverse or replace pad and buff to high gloss Sweep up loose particles If scuff marks appear, polish floor with a clean pad Re-apply thin coats in extra heavy traffic areas or where wear patterns develop Use clean pads for buffing This method of stripping applies to all vinyl floors: Apply warm solution and let soak two to five minutes, then mop or machine scrub Mop up residue, rinse as completely as possible and mop up with well wrung mop Re-polish as per initial finishing Precautions: Avoid oil, grease, solvents and strong alkaline cleaners Never flood nor leave water or washing solutions on the floor any longer than necessary Avoid sweeping compounds containing oils, sand or abrasives Protect floor against denting by using furniture cups, flat base glides or broad rubber casters Worn areas should be polished with #0 steel wool, vacuumed, and then polished with #000 steel wool, this also applies to rubber tile Initial finish: Apply at least two thin coats of an acceptable buffable or non-buffable water emulsion polish Allow to dry completely before exposing to traffic	Lecture and demonstrate	

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Floor Covering and Maintenance (Cont.)	*Cork Tile:* Cleaning surfaces with cork tile: Sweep daily with brush broom or treated mop To clean floor, spread thin coat with soft cloth or applicator Allow to soak two to three minutes—wipe up with same cloth while still wet Allow fifteen to twenty-five minutes drying time, then buff If scuff marks appear, polish floor with clean buffing pad For spot cleaning apply heavy coat of solvent wax Allow to soak, rub with steel wool, wipe up excess wax and dirt, then buff dry Wipe up spillages and accidents with well wrung mop Buff when dry to high luster Re-coat with light film as required in heavily trafficked areas or around entrances Precaution: Avoid water on unsealed or worn surfaces Use cleaning solutions sparingly on sealed cork Do not use sweeping compounds containing oil, sand or abrasives Protect floor against denting by using furniture cups, flat base glides, or broad rubber casters Initial finish: Seal natural cork with penetrating varnish sealer Apply two thin coats of solvent base floor polish *Terrazzo and Ceramic Title:* Cleaning surfaces with terrazzo and ceramic tile: Sweep daily with soft broom or treated cloths Dampened white pine sawdust may be used Mop moistened with warm, clean water will remove minor soils Before applying detergents or alkaline cleaners to the floor pre-wet surface with water Use only free rinsing synthetic detergent solutions for washing After washing, the solution should be mopped up Rinse with clean water and damp dry with well wrung mop Precautions: Be sure to wet tile before washing Avoid acids and washing solutions containing carbonates or trisodium phosphate	Lecture and demonstrate	

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Floor Covering and Maintenance (Cont.)	Do not use coarse abrasive cleaners Sweeping compounds containing oil, sand or abrasives should not be used NOTE: *When surface becomes porous or worn, it should be re-surfaced by grinding and polishing. Remove stains by accepted poultice compound* Initial finish: Apply two coats of colorless sealer to protect terrazzo against stains *Cleaning concrete surfaces:* Vacuum or sweep daily Dirty, unpainted concrete should be first wet with clean water Scrub with hot synthetic detergent solution. Soap should not be used. Mop up residues and rinse well Heavy, greasy soils should be wet with water and scrubbed with a solution of sodium metasilicate and synthetic detergent Abrasive scouring powders may be mixed with above solution if soil is deeply embedded Heavy, greasy soils should be wet with water and scrubbed with a solution of sodium metasilicate and synthetic detergent Abrasive scouring powders may be mixed with this solution if soil is deeply embedded Rinse and dry. Poultice treatments are valuable for removing a very difficult oil stain. A good poultice is a mixture of trisodium phosphate and whiting Apply as a paste and leave till dry Scrape off and rinse with hot water Badly discolored concrete can be etched (bleached) with sodium bisulphate Wet floor first, then add sodium bisulphate and scrub Rinse thoroughly and dry If floor is porous after this treatment, densify with hardening agents Precautions: Be sure to wet unpainted concrete with clean water before all washing operations Never use soap or washing solutions containing carbonates or trisodium phosphates on unpainted concrete Do not use gasoline to remove oil or grease stains NOTE: *Painted cement should be mopped with dilute synthetic detergent solutions, rinsed and dried—re-wax as necessary* Initial finish: Leave uncoated or cover with concrete paint, wax painted concrete with water emulsion polish *Care of wood surfaces:* Sweep daily with brush broom or treated mop To clean floor, spread thin coat of wax with soft cloth or applicator	Lecture and demonstrate	

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Floor Covering and Maintenance (Cont.)	Allow to soak two to three minutes Wipe up with same cloth while still wet Allow fifteen to twenty-five minutes drying time, then buff If scuff marks appear, polish floor with clean buffing pad For spot cleaning apply heavy coat of solvent wax Allow to soak, rub with steel wool, wipe up excess wax and dirt, then buff dry Wipe up spillages and accidents with well wrung mop dampened in clear water or dilute synthetic detergent Buff when dry to patch polish gloss Re-coat with light film as required in heavily trafficked areas or around entrances Precautions: Alkaline cleaners and water are to be avoided at all times except when refinishing old floors NOTE: *Badly worn floors should be power sanded, steel wooled and vacuumed* *Apply two coats penetrating varnish sealer, buffing each coat with fine steel wool* *Floors which have previously been finished with floor oils should be washed with synthetic detergent* *Vacuum or mop up oil as it comes to surface* *Rinse and dry* *Apply two coats or lacquer penetrating sealer* *Buff each coat with fine steel wool* *Vacuum and apply two coats of wax* Initial finish: Apply two thin coats of a solvent type liquid wax, buff after each coat dries	Lecture and demonstrate	
Care of Walls and Ceilings	*Dusting walls and ceilings:* Dry dust—Use a long handled, clean floor brush covered with a soft, clean cloth Dust high moldings, pipes, and tops of doors, avoid scattering of dust A gum eraser will remove finger marks A dry rubber sponge will absorb dirt over radiators There should be no cobwebs, smudges or dust over windows, doors, moldings or pipes	Book Demonstrate Example	*Manual of Hospital Housekeeping*
Care of Windows and Mirrors	*Cleaning glass:* Windows should not be cleaned in direct sunlight Use soft brush if windows are very dirty (such as outside windows after heavy rain) Use warm water containing a few drops of ammonia, apply with a soft cloth Wash and then clean with non-linting cloth, wipe dry with non-linting cloth A few drops of denatured alcohol or kerosene added, will assist the work in freezing weather	Demonstrate *Use glass pane and solution; mix solution and show effect* Lecture	

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Care of Windows and Mirrors (Cont.)	Suggested cleaning solution for windows: 2 quarts warm water—1 tablespoon borax 2 quarts warm water—2 tablespoons vinegar 2 quarts warm water—2 tablespoons ammonia Add small amount of bluing to solution In washing mirrors care is necessary so water will not seep under frame or backing Clean same as windows	Demonstrate	
Bathroom Care	*To clean shower:* Shower walls should be cleaned of soap after use Shower curtain should be cleaned often After each use curtains should be allowed to air and dry to prevent mildew Cotton curtains may be washed and bleached Rayon can be washed Oiled silk and plastic can be wiped with soap and water, rinsed and hung straight to dry		
	To clean toilet bowls: Daily care is a must—*in some cases hourly care* Flush each time toilet is used Do not put heavy paper or cloth into toilet bowl One of the following may be used: Toilet brush String dishmop with strings cut short Metal forceps holding a wad of toilet paper		
	To clean toilet seats: Using wrung out cloth wash seat with warm soapy water Rinse with clean cloth Clean toilets have no disagreeable odor	Lecture	
	To clean urinals: Flush Remove drain cap—with rubber gloves Brush out fixture and top with hopper brush Use cleanser if necessary for hidden grooves Replace drain cap Flush Mop up any spilled water If clean, urinals have no disagreeable odor	Demonstrate	

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Bathroom Care (Cont.)	*The general cleaning of toilets:* Special disinfectant should be used each day Mops and brushes should be scalded and aired or kept in disinfectant Use hopper brush; brush inside and under rim If soil around rim of bowl is not loosened by brush it may be necessary to use a cloth—*use rubber gloves* Clean toilet bowls have no stain or deposits and no disagreeable odors *To clean chromium and other metals:* Use soap suds Rinse with hot water Wipe dry and polish with clean cloth Chromium will not rust, tarnish or corrode *To clean bathtub:* Scrub with soft brush moistened with a little water and very fine cleanser Rinse thoroughly with hot water to remove all cleanser Wipe dry To remove hard water scum use kerosene with soap jelly Rinse and wipe dry, kerosene odor is destroyed by soapy water *To clean sinks and wash bowl:* Porcelain sink or bowl are cleaned best with non-abrasive cleanser, same as bathtub procedure	Lecture and demonstrate	Use the disinfectant as suggested by sanitary engineer
Airing a Bed	*The importance of airing a bed:* A well-aired bed feels clean and assists in relaxing sleep Sanitation Control odor Promotes good health *To air:* Open windows Place pillow on table or chair beside bed Spread blankets, cover, pad, etc., back over head of bed or chair Pull up mattress over foot of bed	*Visit cottage when beds are being aired*	
Cleaning a Bed Frame	*Enamel beds:* Washed with hot water and soap *Varnished beds:* Washed with solution of: Quart of boiling water, tablespoon lemon oil and tablespoon turpentine Apply with clean soft cloth		

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Bed Making	*How to make a bed:* Straighten mattress and mattress pad Spread bottom sheet right side up; wide hem at top, even and straight If sheet is short tuck in at top and at sides; pull taut and leave no wrinkles Spread top sheet even and straight with right side down; place wide hem at top and tuck in at bottom under mattress Take corner of sheet between thumb and forefinger and draw around corner of mattress; slip other hand under side edge of sheet and draw upward into a diagonal fold Lay fold up over mattress Turn under mattress the part of sheet left hanging Drop upper fold and tuck in under mattress—thus, a box like corner which holds bed clothes firmly Spread blanket and covering Turn top sheet down over blanket Tuck cover same as for sheet Place spread over bed	*Demonstrate and have procedure done by attendant*	
Care of Radiators	*Cleaning radiators:* Spread damp paper under radiator; moisture on paper holds dust Brush with flat radiator brush or cloth on flat stick Wash with warm soapy water; use brush for column and sponge for surface	Demonstrate Book	*Hospital Housekeeping*, p. 82
Care of Furniture	*Wooden furniture:* Furniture should be dusted, waxed Too much wax makes wood sticky and greasy Old wax can be removed by use of alcohol on soft cloth	Lecture	
	Overstuffed furniture: Check often for worn places, tears and split seams Report damaged or worn furniture Furniture will receive constant use so frequent inspection is important	Lecture	
Ventilation and Temperature Control	*To ventilate a room:* Principles involved: Hot air rises to top Cold air comes in at bottom Circulation need not be a draft One window open at top another opens at bottom, hastens ventilation Bed patients and those playing on the floor must be free from drafts	*Visit cottage for demonstration*	See most any introductory basic science textbook

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Ventilation and Temperature Control (Cont.)	*Temperature control:* Check for extreme temperatures Know location of temperature control and how it works Proper temperature for sleeping area is 55°-60° Proper temperature for activity area is 68°-72° Proper temperature for nursery area 70°-74° Proper temperature for bed patients 70°-74°		
Control of Odor	*If the air is clean it will smell clean unpleasant odors can be controlled:* Find the cause and remove Special attention must be given to: Toilet rooms Utility rooms Storage areas of all kinds Soap and water is one of the most effective agents for cleaning	Book	*Hospital Housekeeping*, p. 36
Lighting	*A well lighted environment conserves eyesight, discourages unsanitary conditions and improves morale:* Light sources should not be too far apart Classroom or learning activity area should be well lighted Activity room should be adequately lighted Persons who lip read need well lighted area Illumination should be diffused To get the most out of the lighting installation: Maintain wall and ceiling surfaces in clean, freshly painted condition Have a regular check-up for burned out lamps Clean fixtures monthly or more often depending upon atmospheric conditions	Lecture	For work activity in cottage the use of an illumination engineer may be needed
To Clean Venetian Blinds	*Procedure:* Lower blind Place slats in horizontal position Dust blind beginning at top Clean frame, sills and area around blind with cloth An occasional rinsing of blinds may make them easier to clean For thorough cleaning wash and (avoid wetting tapes)	Demonstration	
Kitchen Care	*Sanitation and proper handling of food is important to general cleanliness of kitchen area:* *Special attention must be given to:* Dish washer Refrigerator		Check cleaning procedure with food service supervisor

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Kitchen Care (Cont.)	Sinks Stoves Glasses Dishes Utensils		See also *Manufacturer's Guide* Use disinfectant as prescribed by institution
Handling of Waste Materials from Cottage Kitchen	*Provide separate cans for wet and dry material* *Keep cans clean and covered* *Kinds of wastes:* Dry garbage, paper, dust and dirt, trash and ordinary floor waste Wet garbage from food area—food wastes, cartons, cans, tissues *The proper handling of waste materials has a great effect upon odor and pest controls* *Collect refuse frequently enough to meet the needs of the cottage*	*Pictures of proper storage procedure* Book	*Hospital Housekeeping*, pp. 36-38
Emergencies: the Attendant Must Know What to Do in the Following Situations	*Fire*—See section of fire prevention and control *Power failure*—notify supervisor or proceed in accordance with institutional policy *Failure of heat*—notify supervisor or proceed in accordance with institutional policy *Plumbing failure*—notify supervisor or proceed in accordance with institutional policy *Damage to equipment or furniture*—notify supervisor or proceed in accordance with institutional policy		Procedure in accord with the policy of the institution
Interior Decoration for Special Holiday, etc.	*Much can be done on the holidays or special day recognition* *Attractiveness adds to the cottage on any day*		See section on *recreation*
Inspection	*Careful daily inspection* of the unit or cottage, reporting the needs for repair or replacement and checking to see that the repairs have been made is the duty of all attendants Careful daily inspection of the unit or cottage is important Report the needs for repair and/or replacement Check and follow up to see that repairs have been made		

SUBJECT: SAFETY

PURPOSE: To stimulate the attendant in becoming "safety conscious" in the performance of his duties.

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Commentary	Safety as it pertains to the institution is not merely a set of rules and regulations, but rather it is an attitude or way of life in terms of group living. When an individual becomes fully aware of his own personal safety and that of his fellow man we say that he is "safety minded." It is this quality expressed in day-to-day personal and social action that we desire to achieve.	Lecture Handouts	National Safety Council
Procedure	*The Safety Meeting*—brief, informal, weekly or monthly session for the purpose of discussing aspects of accidents and accident prevention	Lecture	
	Discuss institutional living, stressing the safety aspect	*Use accident reports, etc.*	Obtain reports from administration
	Consider accidents that have occurred within own institution	*Discuss newspaper clippings regarding safety*	Local newspaper
	Cite examples of what could have been done to prevent specific accidents		
	Safety talks—informal safety talks are helpful	Speaker	Speakers can sometimes be obtained from outside safety group
	Reason and need for safety—the attendant should be aware of the safety factors and conditions in every activity he conducts with residents		
	Personal safety	Book	*Five Minute Safety Talks for Foremen*
	Group safety		
	Economic factors	*Discuss and exchange ideas with class.*	
	Cost of accidents		
	Loss of property	*Analyze activities suggesting points where accidents may occur*	
	Other		
	Safety responsibility of attendant:	Lecture Discussion	
	To resident		
	To institution		
	To himself		
	What to do in case of an accident:	Red Cross First Aid Course	Contact local Red Cross Office
	Administer first aid		
	Report incident immediately		See section on *Nursing Care of the Resident*
	Seek necessary medical treatment		
	Some points to stress:	Film	See section on *Fire Prevention and Control*
	Obey all safety rules, regulations and signs (Encourage residents to do likewise)		
	In time of emergency try not to become excited		
	Always be careful with matches and lighted cigarettes		
	Encourage residents to become fire prevention minded		
	Do not give medicine without a doctor's order		

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Procedure (Cont.)	Never permit residents to walk on railroad tracks Never allow resident to hitch a ride on a moving vehicle Always look both ways when crossing a street Never permit money, pens, pencils or other articles to be inserted in the mouth, nose, ears, etc. Always report cuts, bruises and burns no matter how slight Never permit playing on stairs, fire escapes or in the streets Be careful of falls when bathing or showering Horseplay of all types should be discouraged Exercise control over sharp instruments: Eating utensils Tools Pens and pencils Toys The use of all electrical equipment must be closely supervised Electric outlets Hot plates Coffee pots Irons Stoves Fans Other	Discussion	

SUBJECT: FIRE PREVENTION AND CONTROL

PURPOSE: To stimulate fire prevention consciousness throughout the institution and to provide information on what to do in time of fire.

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Commentary	In the institutions for the mentally retarded two factors are apparent—*constant building use* and *constant patient care.* Because of these factors a well-developed fire safety program is necessary. However, the success of any fire prevention and control program is directly related to the activity, interest, abilities and attitudes of those persons involved. Protection from fire is everybody's responsibility.	Pamphlets	*Institutional Fire Protection Is Different* *What Progress Since the Chicago School Fire* *Open Stairway School Fire Tests*
Four Keys to Fire Prevention	*Built-in protection:* Fire-resistant building construction Removal of obvious hazards such as oily rags, old newspapers, magazines, etc. Adequate fire protection apparatus Fixed equipment Hydrants Automatic sprinkler system Portable equipment Fire hose Fire extinguisher Sand in buckets Hand sprinklers	Lecture Discussion	Posters and handouts can be obtained from national fire prevention organizations
	Inspection: Developed inspection program Periodic visits By local fire department By insuring company By trained staff members		
	Training staff members in: Basic fire prevention techniques What to do in case of fire First aid Such training should be continuous and thorough		
	Evacuation: A designated evacuation plan including: Marked exits Individuals responsible for evacuation Periodic fire drills requiring evacuation Designated evacuation place	Lecture Discussion	

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Attendant's Responsibility	All attendants—like other staff members—share in the responsibility of protecting the institution and its residents from the danger of fire	Film *(Relate to institution)*	*Fire in Your Institution*
	The attendant should know:	Film	*In Case of Fire*
	How to sound the fire alarm in the institution	Practical demonstration. *(Have local fire department put on a demonstration)*	
	How to use all types of fire extinguishers and other portable equipment available		
	Location of fire exits and the procedure on how to evacuate residents from a building	Film	*Use of the Various Types of Extinguishers*
	Basic emergency and first aid techniques		
	The attendant should:	*Discuss evacuation plan of your institution*	
	Remove all residents from immediate danger		
	Sound the alarm		
	Removal of residents to be done rapidly but in an orderly manner—a roll call or check being taken once the residents are beyond danger		For additional information contact local fire marshal or commissioner in your area
	Attempt to prevent drafts by closing—*but not locking* windows and doors		
	Do not open any door that is hot to the touch		
	When escape from a burning building is not immediately possible the safest place is ordinarily on the floor with some type of covering being placed over the head		
	After all residents are safe and properly supervised the attendant may attempt to extinguish the fire or assist fire company on scene		Policy of your institution regarding fire fighting by attendants
Points to Stress	Properly trained attendants make the better leaders in time of an emergency	Lecture Discussion	
	Safety-minded attendants can do much in the way of teaching residents simple fire prevention habits		
	A fire may occur at anytime during the day or night; fire fighting facilities must be maintained on a twenty-four hour a day basis		
	Fire safety is the best protection against fire loss		
	The concept that fire prevention is "everybody's business" is to be encouraged		
	Fire prevention is a most profitable activity—it may save your very life		

SUBJECT: CIVIL DEFENSE

PURPOSE: To inform the attendant of Civil Defense measures in order that he may function effectively during a national emergency.

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Commentary	In event of a national disaster a public institution may find it necessary to be entirely on its own for a period of time ranging from hours to weeks. Survival of such a catastrophe may largely depend on the institution's degree of preparedness and self-sufficiency.	Pamphlet	*Medical Self-Help Training* (Publication No. 858)
	In an emergency situation the responsibility of the entire staff are immeasurably increased	Booklet	*Education for National Survival* (A Handbook on Civil Defense for Schools)
	With the realization that a large percentage of the residents in an institution for the mentally retarded are multi-handicapped the importance of a developed Civil Defense program becomes immediately apparent.	Booklet	*Handbook for Civil Defense Emergency Planning in Welfare Institution*
Discussion on Civil Defense	*Topics:* Civil Defense today Civil Defense in the institution Civil Defense is everybody's concern	Lecture Discussion	
	Training program: The Federal government has developed a Civil Defense Medical Self-Help training course covering the following subjects: Hygiene and vermin control Water and food supply Care of injuries and shock Transportation of the injured Infant and child care All institutions should have a developed Civil Defense training program	This program has general application to an institution *Film strips, projector and textbooks are included in Medical Self-Help Training Course Kit No. 1112*	Contact local, state and national civil defense headquarters U. S. Government, *Medical Self-Help Training Course*, Kit No. 1112 Check with administration
	Related information: Fire Accidents First aid		See sections on "Fire Prevention and Control" and on "Safety", pp. 30-32
Program Guidelines	Any and all Civil Defense survival plans must start with top Administration In order to be effective Administration must give continued support The decided upon C/D plan must be a firm one But at the same time the decided upon C/D plan should be subject to review and revision as needed	Lecture Discussion	

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Program Guidelines (Cont.)	The decided upon C/D plan must not only suit the needs of the institution but should be fairly well coordinated with the nearby community While some help can be obtained from the national and local civil defense authorities the institution should not expect C/D authorities to solve all of their problems Initiative, knowledge and direct action are the basic requirements of the successful Civil Defense program	Lecture Discussion	
Key Areas	Once the institution decides to have a survival program the first step should be to appoint a Civil Defense Coordinator The administration must work with the Civil Defense Coordinator if the organization to be set up is to be successful The key areas in such an organization might be outlined as followed: Engineering Shelter Management Health Security Fire and Rescue Communications Radiological Transportation	Lecture *Circulate C/D literature*	Considerable C/D literature may be obtained from national and local Civil Defense centers
Responsibility of Attendant	*Civil Defense and the attendant:* The attendant must be familiar with the Civil Defense program of his institution The attendant should know his responsibilities and how to perform his duties		

SUBJECT: GENERAL INFORMATION ABOUT THE INSTITUTION

PURPOSE: To provide understanding of policies, rules and background on the institution in order that the attendant may more effectively carry out his responsibilities.

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Commentary	It is necessary for any well run organization to have policies, rules and procedures. The employee in that organization must understand these controls, abide by them, and see that they are carried out, thus benefiting the institution, the resident and the employee. An organization is only as good as those employees who work for it.	Lecture and Discussion Book	*Principles of Management*, p. 17
Knowing the Institution	*History of the institution* *Purpose of the institution* *Philosophy of the institution* *Residents at the institution:* Age Sex Intelligence *Source of residents:* Process of admissions Direct admission From other institutions or agencies *The varied handicaps and problems of the residents:* Physical handicaps Mental handicaps Multiple handicaps *Conditions under which residents may be discharged:* Release for placement in community To other institutions	Lecture *by the Administrator or other top official* *A presentation can be built around a film strip or series of slides showing the history of the institution, the general program of the institution, the functioning of departments, the physical layout, etc.* Charts showing *ages of residents; types of residents; source of residents*	
Staff Relations	*Institutional organization:* A brief discussion of each department, its purpose and function Identify place of the attendant in the organization Line authority: The direct downward delegation of authority Performance Staff authority: Advisory and auxiliary in nature Planning Relationship with supervisor Getting along with other employees Effects upon morale	Lecture Book Book Discussion	Organization Chart *Principles of Management*, pp. 288-289 *Perceptive Management and Supervision*, p. 195

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Effective Communication	*Communications defined:* The exchange of meaning The interchange of thought A two way process	Book	*Perception, Management and Supervision*, p. 102
	The purpose of communication is to: Supply information and understanding In order to perform work effectively In order to cooperate with others In order to coordinate work procedure In order to obtain job satisfaction	Book	*Principles of Management*, p. 405
	Results of effective communication: Subordinate knows what his supervisor wants done Subordinate reports to his superior on what he is doing Cooperation among subordinates in order to accomplish the requirement of the job		
	Conditions for effective communication: The communicator knows what he wants to say The receiver has trust in those making the statement A common ground for experience has been established Words used are mutually understood The receiver's attention must be obtained and held	Lecture and Discussion *Use examples*	
	Actions communicate feelings and attitudes		
	Verbal communication: Passing information to next shift Reporting information to supervisor or professional staff members Exchanging information with attendants and staff members Talking with parents and relatives Talk with residents Making requests Giving instructions Giving help, assistance and direction		
	Written communications: Entering comments into cottage log Writing reports Keeping records		
	Other type communications pertaining to the attendant and his duties Daily bulletins House organs Procedure changes Memos	*Use examples*	

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Loyalty	*The importance of loyalty to the institution:* Definition: Faithfulness to engagements or obligations Faithful adherence to a leader, cause or the like	Discussion	
Benefits and Policies of Employment	*Appointment to position:* Probation period—the purpose Permanent status Veteran status (if applicable) Resident requirement in the state (if applicable)	Lecture Discussion	Refer to any or all: *Civil Service rules; Employee handbook; Personnel policy, book of the institution*
	Salary: Pay periods Deductions Increments Disbursements—where and by whom		Sample of check stub if available
	Personnel rating (evaluation of performance) Purpose of rating Method Factors to be judged Person doing rating Importance of rating Procedure for approval	*Discussion of current rating forms* Book	Policy of institution *Principles of Management*, p. 691 *Perceptive Management and Supervision*, p. 318
	Sick leave: Define what is meant by sick time How sick time is earned and taken Requirements when returning from sick leave	*Give example of acceptable and non-acceptable leave*	Current policy of institution
	Disability: Definition Benefits How to apply	*Example of disability case*	
	Vacation and holiday time: How time accumulates The scheduling of vacation List of holidays	*Give example of how time is acquired*	
	Leave without pay: Definition How to apply Reason for granting		

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Benefits and Policies of Employment (Cont.)	*Medical care:*		Policy of institution
	Medical Service Plan; insurance and hospitalization		
	Medical service for resident employees		
	Medical service for non-resident employees		
	Insurance plans	Handout	Literature from insurance company—contact agent from company
	Retirement plan:		
	Cost to employees		
	General information		
	Conditions of eligibility	Discussion	
	Benefits	Handout	Copy of the retirement plan
	Death		
	Disability		
	Other		
	Social Security		Policy of institution—contact Social Security Office
	Borrowing		
	Suspension, fine and demotions:		
	Who has the authority to suspend. fine or demote an attendant		Policy of institution
	Reasons	*Example of reasons for action*	
	Procedure		
	Right of appeal		
	Removal from job:		
	Who has the authority to remove employee from the job	Discussion	Policy of institution
	Reasons for removal		
	Procedure		
	Right of appeal		
	Resignation:		
	To leave in good standing (Required time for notice)	Lecture	Policies of institution
	To leave not in good standing	Example	
	Re-employment rights		
	Absent from job:		
	Why it is necessary to report		
	How to report absence		
	When to report absence		
	To whom do you report		
	Conduct prohibited:		
	Inflicting physical pain or discomfort on any resident as a means of punishment		Policy of institution on conduct
	The use of profanity		

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Benefits and Policies of Employment (Cont.)	Sexual mistreatment of resident Intoxication Sleeping on the job Why prohibited: The effect on the resident—the attendant sets the example The effect on other employees The reflection upon the institution Public opinion		Policy of institution on conduct
	Hours of work; a normal work week: The relief attendant (if applicable) Shift scheduling—around the clock responsibility The need to work on holidays and weekends	Discussion	
General Information	*New ideas:* All employees including the new employees are encouraged to develop and contribute ideas on current work procedures	Suggestion forms Book	*Principles of Management*, p. 224
	The suggestion award system: How it works How to submit suggestions Forms used Examples of suggestions for which payment was made		Policy of institution
	The safety committee: Purpose of the committee Identification of members of the committee Function of the committee	*List of suggested committee members*	Refer to sections on *Safety and Fire Prevention*, pp. 30-32
Maintenance and Care of Institutional Property	*Proper supervision of residents:* Prevent damage to furnishings, walls, buildings, equipment and grounds Stress importance of control and supervision	Discussion	Policy of the institution
	Thoughtful use of equipment and supplies: Following instructions for use of equipment is necessary	Lecture	Refer to section on *Housekeeping*, pp. 15-17
	Inspection of facilities and equipment: As a part of the all work routine Particular attention given to bathing and toilet areas, storage and wards, dayrooms and other areas Altertness is necessary to prevent accidents and destruction of property		See section on *Safety*, p. 30

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Maintenance and Care of Institutional Property (Cont.)	*Reporting damage and needed repairs:* Major damage Use precautionary measures to avoid injury to residents and others Notify immediate supervisor Fill out report describing damage or other form as required Follow-up	*Examples of repair orders*	Policy of institution
	Minor damage: Notify supervisor Fill out reports as required Follow-up	*Use examples showing responsibility of attendants in given situations*	
	Emergency damage: Call for medical assistance in case of injury Take precaution to avoid additional injury to residents and employees Notify supervisor Prepare necessary reports Follow-up as needed		
	Use and control of supplies: Requisitioning procedure The procedure of obtaining supplies The need for control The keeping of records	*Discussion of forms used by institution*	Institution forms
	Receiving supplies Schedule How to control Record keeping		
	Storage of supplies Safety aspect: Proper ventilation Locking closets, cabinets, etc. Keeping storage area neat and clean	Lecture Discussion *Cite example of wastefulness* *Discuss cost of commonly used supplies over period of time*	Procedure
	Use of supplies (expendables) Awareness of cost of items Proper handling of cleaning supplies, toilet tissues, soap, etc.	For example: *Relate the cost of soap, light bulbs or other expendable items used by institution per year to a day's salary of an attendant*	

PART III

SUBJECT: THE ATTENDANTS RESPONSIBILITY FOR TRAINING RESIDENTS

PURPOSE: To Help the Attendant to Meet His Responsibility for Training the Resident

SUBHEADINGS	SUGGESTED CONTENT	AID & METHODS	REFERENCE
Commentary	One of the primary functions of the attendant is to train and teach the resident to improve his capabilities so that he may live more effectively within a particular society. The basic principles of teaching can and should be implemented when teaching those functioning below the normal expectancy. The retardate, although having specific learning and adjustment problems, does not negate the need for a systematic approach and sound procedures. The fundamental basic structure of training, applicable to the normal child, will remain relatively unchanged when working with the deviate. However, specific methods and techniques of training the retardate together with a basic understanding of their problems must be known in order to train effectively within the framework of formulated and established teaching practices.		
Principles of Training	Residents must be motivated to learn before they will accept training. When training consider the individual needs of those being trained. The rate of training should equal the rate at which the individual can learn. Residents can learn by being told or shown how to work, but primarily from doing work under guidance. Training should be planned, scheduled, executed and evaluated systematically.	Group or individual discussions pointing out values of learning particular tasks Refer to educational level of students A routine program will aid in your guidance	
Getting Ready to Train	THE ATTENDANT WHEN GETTING READY TO TRAIN SHOULD THINK ABOUT THE FOLLOWING: *What* must be done; *why* is it necessary for the resident to do this job; *how* will this benefit the resident? *How much* should be taught at one time. *What* does the learner already know that is similar to make his job easier. On a particular job, consider *what* task should be taught first, second, etc. Do not teach in an artificial situation, teach in the actual job situation. When training remember that all students are different, and we must consider their particular needs. Remember to check and re-check to see if the learner has learned what was taught. *What* methods and teaching tools will be best to use, such as: Lecture Demonstrations Illustrations Discussions Experiment—planned by teacher	Book: Manual: Evaluate job, and resident with whom you are working Plan job analysis and breakdown of tasks Have resident do the work—on the job Acquire all pertinent material concerning student test—on the job	Supervising People George Halsey *Job Instructor Manual.* Office of Industrial Resources

SUBHEADINGS	SUGGESTED CONTENT	AID & METHODS	REFERENCE
Getting Ready to Train (Cont.)	PLANNING IS IMPORTANT You must . . . . . . Select content Prepare content Put it over Get it used	Refer to reference material Organize your work Use specified teaching tools and methods	
Training Steps	THE FOLLOWING STEPS ARE BASIC TO ALL SOUND TEACHING *First Training Step* (Preparation) Put the learner at ease with a friendly, informal encouraging comment. Make the learner want to know, by showing what the knowledge and skill will do for him. Use praise rather than criticism as an incentive. There will always be something that can be praised. *Second Training Step* (Demonstration) Start with the known. Lead into the unknown. This captures attention and gives the learner confidence. Teach the simple first, lead up to the complicated. This prevents discouragement and provides a challenge. Keep the explanation to the point. Telling of unrelated incidents distracts attention. Give a reason for each step. Knowing why increases probability or remembering. Demonstrate by doing correctly and exactly what the learner will be asked to do. Go slowly, be sure the learner sees and understands each step. Encourage questions, check and repeat. *Third Training Step* (Application) Try out learner's knowledge and skill and correct deficiencies—Learner repeats lesson. Give the learner an opportunity to demonstrate the operation. Keep the learner informed of his progress. He does better work when he knows that he is improving. Correct errors. Decrease amount of supervision. Allow the learner to perform independently as soon as he is able. *Fourth Training Step* (Testing) *Follow Up* Check to see how well the information is used. Supply further on the job coaching when needed. Have learner work independently. *Remember:* Training has been futile unless the learner uses what he has learned. *Remember:* If the learner hasn't learned, the teacher hasn't taught.	Pamphlet: Discussion of the job and an explanation of its importance	The Development of a Job Instructor Training Program for Institutional Service Workers

SUBHEADINGS	SUGGESTED CONTENT	AID & METHODS	REFERENCE
Concepts and positive approaches of training the retardate	IN ORDER TO BE EFFECTIVE IN APPLYING THE FOUR (4) BASIC TRAINING STEPS TO THE RESIDENT THE ATTENDANT MUST UNDERSTAND AND CONTINUALLY BE AWARE OF THE FOLLOWING: * Be alert for signs of readiness. How mature a child is in a certain area plays a large part in determining whether or not a child is ready and able to perform a certain task. * The learner must be observed carefully before any method of training is started. * Be aware that growth in all areas is not consistent. * The learner should have enough time to learn each bit of desired behavior. * The resident's personal needs should be understood from his peculiar behavior and corrected objectively. * Understand the resident's behavior in the light of his stage of development. * Set up realistic goals. * The learner should be given sympathetic support while learning. * Have confidence in the individual. * Choose proper stimuli to produce correct responses. * Be consistent in the training. * Training must be consistent to be effective. Approval should be loud, disapproval soft with emphasis on the deed, not the child. * Consistent training is conducive to obedience. A learner will not learn to obey if obedience is insisted upon on some occasions and not on others. * Knowing why the child behaves in an unacceptable manner does not imply that such behavior should be condoned. * Firmness is not synonomous with punishment. Trainer must work with the resident in a stable, confident manner. * Establish limits of behavior. Resident must know how far he can go and what is expected of him. * Planning and structure can reduce considerably the need for external control. * Activities should be arranged to minimize chaos. * Do not train in distracting surroundings; simplify the environment. * Do not assume that a skill learned in a particular situation will be transferred. * Introduce one skill at a time, do not push beyond his capabilities. * The learner needs many successful repetitions for him to acquire certain skills. * Help the resident experience as many successes as possible. * Spell out what is expected "step by step." * Avoid comparison with others. * Do not give smothering attention; build up sense of personal worth. * Praise the learner for small amounts of progress. * Whatever the tasks, they will eventually become habitual if the learner can see and feel tangible evidence of accomplishment. * Trainers attitudes and feelings are often reflected in the resident. If worker is tense, easily upset and inconsistent, the learner will mirror these attitudes and perform erratically. If the trainer is calm, stable and consistent the learner will respond in a positive manner.	Books: Learn particular levels of residents Evaluate each student individually Check records and evaluations of residents	You and Your Retarded Child Kirk, Karnes and Kirk. Helping our Brain Injured Child Ernest Siegel, M.A. The Mentally Retarded Child Abraham Levinson

SUBJECT: FEEDING THE RESIDENT

PURPOSE: To provide for proper and effective feeding of the resident.

To acquaint the attendant with a basic understanding of food and its significance to good health.

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Commentary	Meal time for the resident should be pleasant. Table manners, proper methods of eating and a certain amount of sociability should be developed and taught to the greatest degree possible. The attendant must be aware of the need of the resident for general and over-all supervision at all times. Certain residents or perhaps all residents under certain conditions will require special attention.	Lecture Discussion	
Food and Nutrition	*The importance of food:* For general good health Proper growth Sustain life	Book	*Red Cross Home Nursing*, p. 51
	Nutritional value of food	Films	*You and Your Food*
	Pleasure of eating		*Food Sense Not Nonsense*
	Psychological value of eating		
	Encourage eating of all food		
	Encourage the eating of different foods		
	Personal likes or dislikes of the attendant should not influence the eating habits of residents	Book	*A Guide for Child Workers*, pp. 57-75
Social Aspects	*The social value of eating:* Develop table manners An opportunity to supervise table conversation		For additional information consult with dietician from institution, nearby hospital or school.
A sensible diet	*Suggested daily diet content:* Milk Meat, fish or poultry Eggs Vegetables Fruit—2 to 3 times daily Starchy vegetable—once or twice daily Whole grain bread, cereal, crackers, etc.	Discussion Book *Diet chart may be effectively used* Booklet	*Red Cross Home Nursing*, p. 53 *Food for Fitness*, p. 424, U. S. Department of Agriculture
	Vary the amounts of food according to age and activity of residents		Consult the institutional dietician

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Feeding Problems	*A condition in which the resident does not eat normally*—amount, type of food, way in which he eats, physical condition which hinders eating, etc. This problem may concern one or all of the following: The amount of food eaten The type of food eaten Manner in which food is eaten	Lecture *Observation of residents in cottage or dining area at mealtime*	
	Some residents resist eating because they are: Too excited Too depressed Pre-occupied In a stupor Unhappy Physically handicapped	Lecture Film	*Why Won't Tommy Eat*
Factors important to successful feeding	*Clean surroundings:* Dishes Tables Chairs Floors	Discussion *Visit cottage when food is being served and observe the following:* Residents being fed in cottage; Residents spoon fed—in high chair, at bedside, the older resident, the child who is bottle fed	
	Room should be aired before and after eating		
	Clean residents: Faces washed Hands washed		
	Clean attendants: Clean clothes Hands washed		
Serving of food	*Food should be placed in dish or tray in an attractive manner*	Lecture	
	Quality: Report to supervisor any inferior food Color Odor Appearance		
	Quantity: Know how much the resident should eat Know how much the resident will eat See that resident receives desired quantity If the resident over eats or under eats notify the supervisor		

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Serving of food (Cont.)	*Temperature of food:* Food should be served at a temperature ready to eat Particular attention should be given to the temperature of liquids Foods and liquids that are too hot can cause serious burns in the mouth and throat	Lecture Discussion	
	The serving of ground food may be necessary for those incapable of chewing Ground food should contain the proper basic diet requirements NOTE: *Every opportunity should be taken to develop the resident's ability to feed himself*	*Visit food preparation area to observe grinding, etc.*	
The feeding process	*The ambulatory resident:* Accompany to the central food service area Supervise: Getting of utensils The selection of food The seating arrangement The eating process Develop and encourage proper table manners Return to cottage or other area of assignment	*Observe residents going to meals and eating in central dining facility*	
	The non-ambulatory resident: Preparation Area should be clean and well aired Chairs and tables must be clean—disinfectant should be used Residents should be washed and ready	Demonstration *Observe process*	
	Serving of food: Portion in accordance with resident's needs	*Help the resident to develop eating capabilities*	
	Assistance with Cutting food—*meat, bread, etc.* Drinking and eating Check temperature of food Wiping mouth Supervision of entire feeding process is necessary Table manners developed and encouraged in accordance with the ability of the resident Stress self-help aspect (one step at a time)		
	The feeder: (The resident who has to be fed) A calm unhurried manner on the part of the attendant is important Serve small amounts at a time Be assured that the resident can swallow Avoid very hot liquids and food		

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
The feeding process (Cont.)	Spoon feeding: Place bib, napkin, cloth, etc., under chin Feed slowly and vary the kind of food Feed small amounts of food in accordance with the resident's ability to swallow Feed from side tip of spoon Remove fluids from bottom side of spoon to avoid dripping Touch lip with side of spoon and tilt-in Always use spoon with younger or more severely retarded resident Do not leave spoon in liquids Hold cup or liquid container firmly to lips of resident so that he may feel secure When assisting resident to drink from cup it may be necessary to support the head Always allow sufficient time for swallowing Do not rush the feeding process, it should move in accordance with the capability of the resident Always be aware of ways to help the resident to learn to feed himself Wash residents' face and hands Clean up area	Book Demonstration *Supervise the attendant and make corrections*	*Handbook for Nursing Aides in Hospitals*, "How to Feed a Patient", p. 25
	In case of choking: Place a small child over your arm and slap between the shoulder blades to dislodge any object stuck in throat Bend an adult over a chair or railing and do the same Encourage coughing If object is not dislodged and breathing continues keep immovable and call for medical assistance If breathing stops apply mouth-to-mouth resuscitation If all else fails try to dislodge the object with your finger, care must be taken not to push object deeper		
	The older resident: Consider: The kind and amount of food Eating may be the "highlight" of his day Close supervision may be necessary to prevent eating too much heavy food	Lecture Discussion *Observe eating in the cottage*	
	Bottle feeding: The attendant should: Wash his hands Check for correct bottle Change child if necessary—wash hands again	*Have student perform bottle feeding* Book	*Handbook for Nurses Aide in Hospitals*

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
The feeding process (Cont.)	Check for proper temperature (allow contents to drip on wrist to be luke warm, not hot) Check for slow (liquid should drop, not spurt) Place cloth under child's chin Hold child in arms Both the child and attendant should be comfortable Touch nipple to his lips Insert nipple Tip bottle so that nipple is always full If flow is too rapid or too slow report to charge person immediately If child has difficulty breathing, sucking or swallowing report to charge person immediately If child does not want food report to charge person immediately Burp the baby at end of feeding Rinse the bottle and nipple in cold water—place in proper container Wash your hands	Book	*Baby and Child Care*, pp. 101-122

PURPOSE: To understand the procedure and need for clothing control.
To assure the proper appearance of each resident.

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Commentary	The proper appearance of the resident is a primary concern and responsibility of each cottage employee. A presentable appearance not only provides a certain lift to the individual but it reflects directly the quality of care and interest maintained at the cottage life level. It is the responsibility of the attendant to see that those entrusted to his care have the feeling of well-being and elevated dignity that comes from a good appearance. The attendant. when necessary, will assist the resident with dressing and may select the articles of clothing to be worn.	Lecture Discussion	For proper dressing and appearance, refer also to sections on *Personal Health and Hygiene* and *The Social-Emotional Needs of the Resident* Clothing policy of the institution
	Because the attendant is seen as an example by the resident he, the attendant, must always present a good appearance.	Booklet	*The Backward Child*, Chapter two
Institutional budget for clothing	*Clothing budget:* For the institution For each resident *Need to economize:* Emphasize the proper care of clothing	Chart — *Showing clothing allotment to institution and to individual*	Institution budget
Proper dress of resident	*The clothing worn by the residents should allow for:* Age Sex Activity Weather Individual expression within an acceptable scope should be allowed Degree of retardation Physical handicaps	Discussion Lecture	
Clothing needs of resident	*Prescribed by institution:* Everyday clothing Work clothing Recreation clothing Dress clothing (a complete set) Young children and severely handicapped residents may wear a standard type of institutional dress for normal daily activity	Discussion: *What is the acceptable dress?*	Use clothing list at institution
Obtaining clothing	*Sources of clothing:* The institution Ordinarily all new clothing must be requisitioned and accurately controlled Parents. relatives and friends	*May use example of lost or destroyed clothing as it concerns parents*	

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
	Interested groups Churches, auxiliaries, clubs and other organizations The resident himself (earnings, etc.)		
The marking of clothing	*Methods:* Marking pen and ink Printing machine Name tags *Use of name or number on:* Hats Socks Shoes Other clothing	Demonstrate procedure for class Return demonstration by students	Policy of the institution
The storing of clothing	*Daily clothing:* Individual storage as determined by space, lockers, closets, etc. *Good dress clothing:* One complete set of good clothing stored together and kept ready for leaves, visits and special events is desired *Out of season:* Summer Wash and clean Winter Coats, woolens, etc. Remove all spots, grease, soil, food, etc. Dry cleaning is safest but expensive. Cleanliness, brushing and airing are the first prevention. Brush and spray for moth prevention *Rain wear:* Rain wear should be stored in an area away from heat	Lecture *Visits to storage areas*	
Inventory of clothing	It is important to *keep accurate records* on clothing: All clothing must be accounted for Periodic inventory is necessary by checking vs. clothing lists—a perpetual inventory may be maintained Records point out replacement needs	*A typical clothing bundle showing wrapping, contents and identification*	Clothing policy of institution
Clothes sent to the laundry	*Preparation:* Collect Count and list Bag Mark by cottage unit Make ready for pickup	Lecture *Review institution laundry procedure* *A visit to the laundry may be of value*	Institutional schedule of pickup for laundry

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Dry cleaning	*Attendant should be observant to needs of the resident:* To see that clothing is sent and checked in accordance with procedures of institution Dry cleaning is costly—care must be taken not to dry clean excessively *Preparation:* Collect Count and list Check pockets Bag Mark Make ready for pickup	Lecture Discussion	Institutional schedule of pickup for dry cleaning
Mending	*Items should be checked upon return* from laundry for tears, holes and loss of buttons *Items of clothing not repairable ordinarily should be so marked* and identified on the inventory list for discarding	Discussion and lecture *Visit to clothing room*	Procedure of institution
Spot removal	*There are three general rules about stains:* Act immediately Don't give up too soon If spots don't respond to "home" measures, call for professional care	Booklet Demonstrate spot removal for class Return demonstration by students	*A Handbook on Fabric Care* *Home and Garden Bulletin*, No. 62
Shoe care	*Residents should have two pairs of shoes* to be worn on alternate days; An additional pair of shoes should be kept for dress *Repairs; Prompt repair is important to good posture and to prevent fatigue* *Water resistance;* Well polished shoes tend to be water resistant *Drying of wet shoes:* Clean off dirt Stuff shoe with paper to keep shape Keep from direct heat Polish NOTE: *Some institutions issue sneakers to residents during summer months*	Booklet Lecture Discussion Demonstrate	*Farmer Agriculture Bulletin*, 1523
Hats	*Social aspect*—acceptable use of head covering Men Women Children *Religious aspect*		

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Night clothing	Attendant may be required to *place night wear at bedside and assist with undressing the resident* Residents supervised to see that they sleep in nightgown or pajamas Check to see that resident has removed underwear and socks	Lecture	See Section *Personal Health and Hygiene* (Dressing), p. 61
Hospital clothing list	*Needs of resident while in hospital*		As determined by hospital and institutional policy
Detention	*Clothing needs of resident while in detention*		As determined by detention center and institutional policy
Vacation clothing list	*Appearance of the resident leaving the institution:* Reflects the philosophy of institutional care Clothes should be changed prior to departure Each resident should be checked for adequate clothing supply	Discussion	
Outside shopping	*Attendant who accompanies resident should acquaint himself with resident's needs by checking individual resident's clothing inventory* *Outside shopping* ordinarily is made possible when the resident has money deposited at the institution under his name *Shopping experiences* may be considered a valuable training project for the resident and is therefore a function which should be closely supervised by the accompanying attendant: The selection of suitable clothing Meeting people Making change Building confidence	*It may be desirable for attendant to experience an outside shopping trip* Lecture Discussion	
Contaminated clothing	*Clothing worn by a patient with a communicable disease is to be considered contaminated:* Place clothing to be washed in newspaper, paper bag, wrapping paper or special laundry bag Mark "*Contaminated*" To be washed separately Sun and air all clothing for three days that cannot be washed. Clothing may then be dry cleaned	Book	Check institutional policy *Red Cross Home Nursing*, p. 68
Pre-rinse	*It may be adivsable to pre-rinse some clothing* before sending it to the laundry such as: Diapers Soiled underclothing		

SUBJECT: PERSONAL HEALTH AND HYGIENE

PURPOSE: To provide for the personal care of the resident.

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Commentary	It may be necessary to evaluate the resident and plan the development of his self-help activity	Lecture Book	*A Guide for Child Care Workers*, pp. 82-85
	Time spent in teaching and showing the resident will be time saved in the future by the attendant	Booklet	*The Backward Child*, p. 15
	Patience, understanding and repetition will bring the best results	Film	*Body Care and Grooming*
	As the resident is able to care for his personal needs the responsibility of the attendant is one of assistance and supervision with patient correction	Booklet	*Guide to Good Grooming*
	With some residents much or all of the personal care may have to be performed by the attendant		
	In every situation possible the resident should be taught, shown and encouraged to care for his own personal needs.		
Bathing	*Aspects of bathing:* Daily bathing or as often as is feasible or required Routine and organization of procedure are important Residents can be handled in three stages simultaneously Undressing Actual bathing Dressing	Lecture Discussion	
	NOTE: *The attendant may have to accomplish this function* *The attendant may have to assist with this function* *The attendant may have to only supervise this function*	Book	*The Professional Houseparent*
	Observe resident at time of bathing for Skin rash Sores, lice, bruises, etc. Any unnatural signs	*Observe bathing procedure in cottage including the various levels of dependency*	
	Resident may be sensitive to undressing; Avoid embarrassment	Lecture Discussion	
	Only those residents who are physically fit and capable may bath without assistance; Supervision is necessary at all times	*Have student assist with the bathing routine*	
	Accidents may occur in bathing area When floors are slippery When getting into and from tub or shower *always assist those who are unable* When water is too hot (90° to 100°) always check temperature before and during bathing		
	Special attention should be given to neck, ears, feet, head, knees and elbows and genital areas		
	Check for athlete's foot Danger of severe infection to resident Spreading to other residents as highly contagious Apply foot powder as prescribed by medical authority		See section on *Common Diseases and Conditions*, p. 72

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Bathing (Cont.)	Notify proper authority if case does not improve All residents should be thoroughly dried; *Be sure hair is dry* Special consideration must be given to the older residents because they: Become chilled easily Suffer from dry skin May dislike frequent baths May need more attention in the bathing process May tire more easily Need for safety precaution *Use handrails* *Mats on floor and chairs to sit upon, etc.* A bathing record may be necessary to assure that resident has taken or received a bath Proper bathing takes time, requires interest, needs control and demands supervision	Lecture	Policy of the institution regarding bathing
	Bed bath: Place bath towel over resident's chest Wash face, ears, eyes, rinse and dry Wash neck and rinse and dry Place towel under arm, wash arm, underarm, hand, elbow and dry Wash other arm in same manner Fold towel to waist, wash chest and dry Fold bath towel down to pubic—wash abdomen Place bath towel under leg, wash and dry Wash other leg in same manner Place bath towel under feet, place feet in basin and wash, dry Change water in basin Turn patient Wash upper back and dry Wash buttocks and dry Wash genital area, if resident unable to do for himself, dry Comb hair at this time Clean nails Change gown	Book Demonstrate and return demonstration *Have student perform bath on bed patient with proper supervision*	*Handbook for Nurses' Aides*
Skin Care	*Cleanliness is the prime skin care* Wash daily with warm water using a mild soap Do not use cosmetics to hide skin disorders or blemishes *Body odor* Bathing is necessary—the use of a deodorant is important to both men and women Borax and talcum may be applied under arms, on feet, etc.	Lecture	

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Care of the Nails	*Fingernails:* Trim Clean	Lecture Discussion Film	*Body Care and Grooming*
	Toenails: Cut straight across to avoid ingrown nails Clean		
	After cutting: Smooth nails with a file Do not trim cuticle—push it back gently	Use chart or blackboard drawing to show proper way to cut nails	
	Inspect nails at time of bathing Perform function as necessary		
Care of the Teeth	*Technique for effective brushing:* Brush the chewing surface of the upper and lower teeth Brush the outside surface of the upper and lower teeth—*Use up and down motion* Brush the inside surface of the upper teeth Brush the outside surface of the lower teeth Brush the inside surface of the lower teeth	Brochure Film	*Dental Health Facts for Teachers* *Dental Health in Review* Consult with dental service of institution
	Frequency of brushing: Teeth should be brushed after each meal or as often as possible and before going to bed Records may be necessary to assure that each resident receives the proper attention		
	Conditions to bring to the attention of medical or dental personnel: Swollen gums Inflamed gums Accumulated tartar Injury, cuts, etc. Ulcerated condition Foul odors Bleeding gums Broken, chipped, fractured teeth Bites on tongue or lips	Lecture Book	Use of dentist or medical authority *A Guide for Child Care Workers*, p. 84
	Care of tooth brush: Wash away paste Rinse thoroughly Place in zephiran chloride (1.1,000) for thirty minutes Allow to dry Change zephiran chloride weekly	Discussion	

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Care of the Teeth (Cont.)	*Good teeth care is important to general health* *Care of dentures* Remove false teeth Use tooth brush and dentifrice on dentures Brush well under running water Handle carefully Dentures are costly to replace Health of the resident may be impaired if he is without dentures For adherence to gums use special made powder for this purpose Note conditions of gums Wash hands after handling dentures Dentures should be marked, numbered, etc., to assure against loss or mix up *Dentifrice* Use— Standard tooth paste or powder—A good tasting dentifrice will assist in the implementation of the dental program Baking soda and powdered table salt (Three parts baking soda to one part salt)		American Dental Association should be contacted for material
Care of the Hair	*Cutting:* Schedule according to policy of the institution; *every two to four weeks*	Discussion	Policy of the institution on hair cutting
	Shampooing: In accordance with exposure and daily activities Exposure to dust and dirt Oily scalps Long hair—necessary to shampoo more frequently; *about every ten to fourteen days* Usually accomplished at time of shower or bath Important in the control of dandruff	Lecture Book	*Health for Effective Living*
	Combing: Daily or as needed		
	Massaging: Essential to attractive hair—place fingers at base of neck and with firm, rotary motion work fingers slowly up the head	Demonstrate	
	Brushing: Start at hairline and work in from the edge using long, smooth strokes in an upward sweep Lowering of the head when brushing increases the flow of blood to the hair follicle	Book	*Nurses' Aide Handbook*

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Care of the Hair (Cont.)	Hold small section of hair, comb ends first, then hair nearer the scalp Water helps to remove tangles Finish one side then go to the other side Arrange hair so that resident looks as nice as possible Wash hands	Lecture Discussion	
	Women residents Brushing, combing and shampooing are important to the care of hair The use of professional beauty equipment can be a great help in the care of women residents' hair and a source of morale		For particular problems it may be necessary to consult with a professional beautician
Toilet Training (control of bowels and bladder)	*A time schedule is important* Usually four hour intervals for urination are satisfactory Once a day for defecation (there are exceptions)	Booklet Lecture Discussion	*The Backward Child*, p. 19
	Routine visit, establishment of patterns Before meals Before activities		
	Bedtime visits to toilet should be required		
	The attendant must endeavor to train residents in regular habits of elimination		
	Constipation Proper food is important Proper exercise is important Laxative given only upon advice of medical authority It is necessary for attendant to know elimination habits of resident	Book Lecture	*Child Behavior*, p. 117
	Retention of urine The paralytic resident needs special observance Suggest bathroom, if attempts fail, notify medical authority		
	Proper flushing of commode	Lecture Discussion	
	Supervise to see proper use is made of toilet tissue		
	Adjusting clothing after use of toilet		
	Do not hurry the resident		
	Special handling of residents who wet or soil their beds at night Policy of getting resident up—i.e. hours routine, checking, etc. Must be cleaned up at once so no odor will result		Policy of the institution on getting resident up at night
Dressing	*The attendant may be required to:* Select clothing for resident Lay out garments—outer as well as underclothing Assist with actual dressing		See section, *The Responsibility of the Attendant for Clothing*, p. 53

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Dressing (Cont.)	*It is desired that the resident be able to perform the following:* Buttoning shirts, blouses, coats, etc. Tying shoe string Use of the zipper Have stockings properly held up *Assistance by the attendant may be necessary* Check to *see that resident looks as neat as possible* Check to *see that underwear is changed* after bathing Check to *see that night clothing is worn* and that underwear has been removed *Slovenliness in dress and appearance must be checked* as a means of correcting bad habits *See that the resident looks as neat as possible* The attendant must *strive for development on the part of the resident* to dress himself whenever possible		
Shaving	*Schedule of shaving patients* Residents should be shaved according to a schedule *The use of the electric shaver* Less dangerous of cutting and injury when used by resident or attendant With supervision the resident may shave himself Maintenance of electric shaver is an item of expense to be considered *The safety razor* Only the residents who are capable should be allowed to use this type razor Caution should be used in placing and removing blades Supervise procedure Opportunity for teaching self-help Shave resident with great care *Wash face with warm soapy water* *Leave face wet* *Apply lather—shaving soap, etc.* *Use sharp blade* *Start downward from sideburns* *Care should be taken around nose and mouth and on neck and throat* *Use after shave lotion or alcohol*	Lecture	
Menstrual Care and Hygiene	*Introduction* to menstruation *Explanation* of the menstrual cycle *Health rules and personal care*—use of sanitary napkins, etc. Menopause and its *characsteristics*		See section, *Sex Education*, p. 88

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Menstrual Care and Hygiene (Cont.)	*The keeping of valid menstrual records is important;* do not take word of resident, the attendant should check to see if the menstrual cycle has begun	Film Illustrate	*The Story of Menstruation*
Sleep and Rest	*Sleep requirements and sleep patterns* differ from individual to individual	Lecture	
	Proper rest and enough sleep have a direct effect on good health	Books	*Child Behavior,* p. 110
	Some causes of sleeplessness are:		*The Professional Houseparent,* p. 55
	External		
	Noise—windows, doors, creaking floors, blinds, snoring of other residents, storms, sounds caused by the attendant		
	Bright lights		
	Lack of proper ventilation	Film	*Sleep for Health*
	Badly made beds		
	Unfamiliar surroundings—*the new resident*		
	Overcrowding		
	Internal causes		
	Physical		
	Hunger		
	Thirst		
	Pain		
	Irritation		
	Constipation		
	Incontinence or retention of urine		
	Coughing		
	Too warm		
	Too cool	Lecture	
	Mental upset	Discussion	
	Anxiety		
	Fear		
	Excitement		
	Depression		
	Hallucinations		
Care of the Feet	*Obvious foot problems should be referred to a medical authority*	Film	*Shake Hands with Your Feet*
	Understand something of the feet, the correct type of shoes, etc.	Film	*The Walking Machine*
	Early detection of foot problem may prevent more serious condition from developing		
	Basic foot hygiene, cutting nails, etc.		

SUBJECT: BASIC NURSING CARE OF THE RESIDENT

PURPOSE: To give the attendant knowledge of basic nursing skills and first aid measures necessary for him to fulfill his responsibility for the care of the resident under his supervision.

To create an awareness of the importance of observing and reporting signs and symptoms of conditions that need medical attention.

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Commentary	Most of the actual medical treatment of residents will be done by a professional nurse or other trained and authorized medical persons. It is, however, very important that the attendant be able to recognize signs and symptoms of conditions in order that the resident may be referred to a medical authority for the proper care.	Lecture Discussion	
	The teaching of the standard Red Cross First Aid course by qualified personnel is a suggested requirement for all newly hired attendants.		Contact local Red Cross Office to obtain qualified instructor
	The following suggested content should be presented under the direction of a registered nurse.	Film	*First Aid—Part I* *First Aid—Part II*
Observation of Signs and Symptoms	*The attendant must be observant for any abnormality in the resident such as:* Redness Swellings Cuts Bruises Discoloring Pimples Rashes Abnormal discharges including menstruation Pain—anywhere in body Constipation or diarrhea Backache Nausea and vomiting Loss of sleep Weight change—*too much gain or loss* Stiff neck Change in appetite *Conditions may change due to:* Age Sex Activity Seasons of the year	Discussion: *What is abnormal? What is a change? When should medical authority be called?*	Policy of the Institution
Control of a Nose-Bleed	*Nosebleed may be due to:* Irritated mucus membrane in the nose To a chronic inflammation To a blow on the head	Lecture Discussion	

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Control of a Nose-Bleed (Cont.)	*Nosebleeds usually do not last long* and are stopped by clotting of the blood *Frequent nosebleeds should be brought to the attention of the medical authority* *Relief measure:* Sit up with head back and a cold compress or an ice bag on the nose If lasting longer than 15 minutes call for medical assistance	Demonstration Book	*Red Cross Home Nursing*
Bruise	*Treatment:* Apply a large cold, wet cloth for ½ hour then use warm wet cloths		
Wounds and Bleeding	*Notify medical personnel immediately* If dressing is applied, *it must be sterile* *Do not touch or breath over wound* *Never put adhesive tape or cotton on open wound*	Lecture Discussion	
Objects in the Eye	*Never rub the eye* *Have patient hold eyelid closed* lightly so that tears will accumulate and help work out object *Wash hands and pull upper lid over the lower one two or three times*—this may brush the object off or tears may work it to the inside corner where it may be removed *Press the finger against the cheek directly below the lower lid so that the inner surface can be seen,* if the object can be located it may be removed by touching with a clean handkerchief *If efforts fail make no further attempt,* apply cold compress to eye and notify medical authority	Book Demonstration by instructor	*Red Cross First Aid*
In Case of Heart Attack	*Symptoms:* Severe pain Shortness of breath *Call for medical assistance* If breathing is difficult, *elevate head and shoulders* *Remain quiet* *The victim may or may not lose consciousness*	Book Lecture	*Red Cross First Aid*
Acute Abdominal Pain	*Call for medical assistance* *Do not give medicine, treatment or food*		

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Foreign Bodies in the Ear	*Foreign bodies in the ear require the attention of a doctor* *Do not attempt to remove* *Obtain medical attention*	Book	*Red Cross First Aid*
Objects in the Nose	*To remove object from the nose,* close other nostril and blow gently	Demonstration	
Swallowing Objects	*If resident swallows object:* It may do no harm depending upon nature of object Do not attempt to treat—*call medical authority immediately*		
Treatment of Shock	*Definition:* A deep disturbance of general body function with evidence particularly of disturbed circulation of the blood	Lecture Book	*Red Cross Home Nursing*
	Result from: Serious injury Deep emotional upset		
	Occur: Shock may occur immediately or may be delayed for some time after an accident or incident	Discussion	
	Appearance: Weak and pale Skin clammy Beads of perspiration on upper lip and forehead		
	What to do: Victim—lie flat, feet raised 12-18 inches Adequate cover to maintain body temperature Avoid overheating or chilling		
	Do not give fluids to unconscious person		
	Handle gently		
	Call for medical assistance		
	Shock may open way for pneumonia and other complications and may be fatal		
Heat Exhaustion	*Cause:* Lack of salt in body	Book	*Red Cross Home Nursing*
	Signs and symptoms: Skin is pale, clammy Beads of perspiration on upper lip and forehead Eyes are vacant and lack luster		

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Heat Exhaustion (Cont.)	*What to do:* Victim should lie down Good circulation of air *Call the doctor* If conscious—salt water—*1 teaspoon to 1 glass of water 5-10 minutes* Cover lightly NOTE DIFFERENCE FROM SUN STROKE		
Sunstroke and Heatstroke	The attendant must *closely supervise the resident who is working or playing in the hot sun* to prevent the possibility of a sunstroke *Appearance of victim:* Rapid full pulse, dry skin Face flushed Resident may become unconscious *What to do:* Remove to cool shady place Remove clothing, sponge body with cool water *Do not give stimulant* *Residents on medication are more susceptible* to the harmful effects of the sun	Lecture and discussion	
Loss of Consciousness and Fainting	*What to do:* Have resident lie down or place head between his knees When conscious give hot coffee or tea *Call medical help if not recovered quickly*	Demonstrate Lecture	
Convulsion	*Convulsions come on suddenly* *Require prompt medical treatment* *Caused by:* Head injury Internal disturbance Infection such as lockjaw and meningitis In babies convulsion can be caused by digestive disturbance, fever, nutritional deficiencies, injury and infections *Symptoms:* Muscular twitchings, first on face and later on arms and legs, head may be drawn back, weight of body may rest on head and back, face pale then becomes bluish, *call for medical assistance* Relief: Place child in a warm bath or in blankets	Book	*Red Cross Home Nursing*, p. 94

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Convulsive (Seizures)	*Epileptic convulsions:* The resident: Pale or bluish tinge May fall to ground Unconscious	Film	*Epilepsy*
Convulsive Epileptic	May be incontinence of urine or feces May have violent muscular movements Do not restrain but prevent injury to resident It may be necessary to protect tongue by placing stick or wadded paper between his teeth After seizure, allow patient to sleep undisturbed	Film Film Film Booklet Booklet	*Modern Concepts of Epilepsy* (May need professional interpretation) *Prognosis Favorable* *You, Your Child with Epilepsy* *Epilepsy, Its Causes, Effects and Treatments* *The Patient with Epilepsy*
	Grand mal seizure—severe form of the above characteristics Major seizure—most severe Convulsive movement of entire body Often preceded by symptoms called *aura* Loss of consciousness	Demonstration by instructor	
	Petit mal seizure—mild form of the characteristics listed Small or minor seizure Temporary loss of consciousness lasting 5 to 30 seconds Types May be immobile, rigid or simply stares Only a sudden loss of posture control, may only jackknife Only a quick jerk of the head, arms, or trunk muscles, without loss of consciousness	Pamphlet	*More than a Million People*
Isolation Procedure	*Introduction to isolation:* Explain what isolation means and reason for isolation techniques Isolation techniques is of the utmost importance to restrict the spread of disease Stress the danger of communicable disease in an institution Disease and conditions that warrant isolation procedures: Contagious Infection	Lecture Film and booklet	*Hospital Sepsis: A Communicable Disease* Refer to section: *Common Disease and Conditions*, p. 72

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Isolation Procedure (Cont.)	Contaminated	Lecture	
	Clean	*Example of diseases that have to be isolated*	
	Routes of entry		
	Disease is spread by contact:		
	Direct	Film	*How to Catch a Cold*
	Indirect contact		
	Vectors—flies, etc.		
	Vehicles:		
	Food, water, etc.		
	Most susceptible to communicable disease:		
	The infant		
	The elderly		
	Those in poor physical condition	*Discussion of good health as related to resistance*	
	When working with residents with contagious diseases certain precautions must be taken:		
	Hand washing:		
	Wet hands with plenty of soap and water, get under fingernails	Demonstration for class	
	Use circular motion from lower area to hands		
	Rinse hands under running water, slant your fingers toward sink so that the water will run from you	Return demonstration by class	
	Repeat steps A and B for 1 to 2 minutes	*Correct any mistakes*	
	NOTE: *Use paper towel for touching faucets, soap dispenser, etc.*		
	The use of the mask:	Demonstrate procedure and have attendant practice	
	Use a mask when caring for patients with airborne or respiratory infection		
	Always use clean mask—*wash hands before touching mask*		
	Unfold and unroll, spread over nose and mouth	Book	*Handbook for the Nursing Aides*
	Tie strings firmly at back of head		
	To remove:		
	Wash hands		
	Untie strings, and hold by string only	Demonstrate procedure and have attendant practice	
	Place in container		
	Wash hands		
	Once a mask is moist it is no longer effective—*never wear longer than one hour*		
	Never drop mask from face and then reapply	Demonstration	
	Use of the clean gown: A gown is worn when care is given that requires prolonged, direct contact with the resident with a contagious disease		
	Example: Bathing, feeding or too ill to care for himself		
	If you have touched anything that is contaminated wash your hands		
	Unfold gown and put arms in sleeve, open part at back		
	Fasten neckband		
	Bring inside edges of gown together in backtie		

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Isolation Procedure (Cont.)	*Proper discard is important:* To remove after service has been given: Unfasten neckband and untie at waist Slip out of gown, pull off sleeves, then gown, fold outside of gown inward and roll into a bundle NOTE: *Do not touch anything as your hands are contaminated* Roll gown inward with hand and place in proper hamper Wash your hands Remember only the outside is contaminated and turn and roll inward for discarding	*The attendant should perform procedure under supervision* Booklet	*Isolation Procedure and Techniques*
Taking Temperatures	*Oral:* Wash hands Remove thermometer from container Wash to remove taste of any solution Shake down to below 96° Ask resident to insert thermometer under tongue, close mouth and hold for three minutes Read thermometer Record on chart or prescribed paper Inform nurse of over 101° Check container in which thermometer is returned Wait 15 minutes if hot or cold food has been taken NOTE: *Many people have great difficulty in reading a thermometer* Never give a mouth thermometer to a young child, a confused or unconscious patient or one who can't keep his mouth closed It is important to get correct information Return to solution for sterilization—importance to prevent spread of disease *Rectal:* Used with: Disoriented or confused resident Children under ten Check for cracks, breaks, etc. Shake down to less than 94° Put small amount of vaseline or lubricating jelly on tip To take the temperature: Put resident on side Insert thermometer gently ½ to 1 inch	Book Demonstrate entire procedure Return demonstration of procedure closely supervised *Attendants can practice shaking, reading and taking temperature on each other* *Construct an oversize sliding scale model of a thermometer for attendant to practice reading, or an enlarged handout showing scale can be helpful* *Demonstration using patient if available otherwise good lecture and discussion* *A closely supervised return demonstration is necessary, correct mistakes*	*Handbook for the Training of Nurses' Aides*

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Taking Temperatures (Cont.)	Retain for three minutes Remove, wipe Read Record temperature Inform nurse or supervise if temperature is over 101° Clean thermometer and place with used ones		
	Auxiliary Temperature: Check for cracks and breaks, place underarm, dry surface so that air cannot circulate around it; hold baby's arm against his side keeping thermometer in place for 5 minutes	*Perform upon child if possible*	
Taking Pulse and Respiration	Watch with second hand, paper and pencil: Resident in sitting position (rate may be different if he is standing) Find the pulse by placing two or three fingers on the palm side of the wrist near the thumb	Book	*Handbook for Training of Nurses' Aides*
Giving of an Enema	Solutions often used: Soapy water or salt water, saline—1 qt. to an adult	Lecture	Check with medical authority for exact mixture
	Prepare patient—tell him what and how you are going to do this procedure Get enema ready, temperature should be 105°F.	Book	*Handbook for Training of Nurses' Aides in Hospitals*
	To give the enema: Put resident on left side, lubricating jelly on rectal tube, 3 in., insert tube slowly, carefully, open clamp—empty bag or can—remove tube Place patient on bed pan—patient to hold solution 5 minutes—never allow patient to go to bathroom to expel enema unless you have checked with nurse Put expel into bed pan—when patient finishes, remove bed pan, check for anything unusual—wash patient's hands—wash own hands If resident unable to expel *notify medical service at once* After cleaning material, return to patient and offer any assistance	*Demonstrate use of equipment* *Each student should be checked out on procedure with actual experience in administering the enema to a patient* *Attendant should be closely supervised* *Correct any errors*	
"The Fleet Enema"	*The fleet enema* is probably the fastest and easiest to use from the point of preparation, time and equipment involved *Follow simple instructions* as printed on the tube itself		

DISEASE	SIGNS AND SYMPTOMS	METHOD AND/OR CAUSES OF INFECTION	REMARKS
ACNE pimples	Inflammation around the oil glands on face, chest and back.	Excessive secretion of oil with the formation of blackheads.	Very common with young adults, usually disappears in early twenties. Mild cases can be helped by washing with soap and water often. Severe cases should be treated by medical authority.
ATHLETE'S FOOT	Whitish and cracked skin between the toes.	A fungus or mold. Transmitted from floors, shoes, towels, etc.	Feet should be washed with soap and water and thoroughly dried. Contagious. Infection can easily result. Refer to medical authority.
BOILS	Large, red, sore, swollen, pimples on neck, about nostrils and on extremities.	Germs entering the skin surfaces by soiled clothing, hands, etc.	Do not squeeze or apply pressure. Refer to medical department.
CHAPPING	Rough, red areas on mouth, face and hands.	Cold weather and loss of oil in glands.	Protect against wind and cold, use oil, or cold cream. Exposed areas should always be dry. Refer to medical department.
CHICKENPOX Incubation period: 2-3 weeks, commonly 13-17 days.	In children the first symptom usually noticed is the rash which consists of small blisters that have developed from small pimples. In a day or two, crusts form which fall off in 14 days. The eruption comes out in crops so there may be pimples, blisters, and scabs all within a small area of the skin.	Contact with a previous case. Infection believed to be contained in discharges from nose and throat and the skin lesions, but not the scabs.	Very contagious. A mild disease and seldom any after effects. Important because of possible confusion with smallpox. Refer to medical authority.
COMMON COLD	Nasal discharge, soreness and dryness of throat with a cough, mild fever, uncomfortable feeling.	A minor infection highly contagious, contact and enter through the respiratory system.	*Film:* "How to Catch a Cold." Refer to medical department.

DISEASE	SIGNS AND SYMPTOMS	METHOD AND/OR CAUSES OF INFECTION	REMARKS
CONJUNCTIVITIS **Pink Eye**	Acute redness and swelling of one or both eyes. Itching sensation.	Contact with an infected person or articles used by an infected person.	Recognize and report to medical authority.
DIPHTHERIA **Incubation period: usually 2-5 days, occasionally longer.**	Sore throat is usually the first symptom. Typically there are gray patches on the throat, palate, or tonsils, but some cases look like simple tonsillitis. In nasal cases, discharge from the nose occurs which usually chafes the upper lip and may be bloody. In infants, the first symptom may be croup, and no patches may be visible.	Discharge from nose and throat of cases of diptheria and persons who remain well, although harboring the organism.	Diptheria can be fatal. However, it varies greatly in severity and often epidemics are started by cases regarded as an ordinary "sore throat." Every child should be immunized against diptheria. Notify medical authority.
DYSENTERY	Prostration with fever, vomiting and severe diarrhea, often bloody. Odor of feces may be very strong.	Drinking contaminated water or eating infected food. Feces of infected person on articles or equipment.	Report to medical authority.
FLU	Headache, sudden onset of fever, chills, sore throat, cough. Aches in limbs and back.	Infection of the respiratory tract. Spreads very rapidly by contact with infected person.	Weakness may last a long time. Danger that pneumonia may follow. Report to medical authority.
GERMAN MEASLES	May begin with mild symptoms of cold in the head but often the rash is first sign noted. Rash starts on face and head, spreads to neck and trunk. Rash usually resembles measles but may appear to be like scarlet fever, and usually lasts only 2-3 days. Fever is slight, occurring during rash. Commonly the glands at back of head, behind ears and along back of neck are enlarged.	Same as measles.	Very contagious but mild disease. Danger in exposure if staff member is pregnant. Consult medical authority.
GONORRHEA	A yellowish discharge of the genital tract or from the eyes. Male: Abscess on the prostate gland. Female: Chronic infection of the genital tract. Pain and discomfort.	Contact with fresh discharge from genital tract or from other infected areas. Most frequently through sexual intercourse.	Notify medical authority.

DISEASE	SIGNS AND SYMPTOMS	METHOD AND/OR CAUSES OF INFECTION	REMARKS
HIVES	Small pink and whitish raises of the skin that look like insect bites. Vary in size. May be very uncomfortable.	An allergic reaction to a substance eaten or inhaled or contact on skin. Itching may be severe.	Elimination of irritating substance. Refer to medical authority.
HEMORRHOID	Bloody discharge. Pain at time of excretion.	A swelling formed by dilation of blood vessels at the anus.	Refer to medical authority.
HOOKWORM	Itch appearing on feet or other areas that have come in contact with the larvae. Skin is sallow, dry and harsh, the patient is depressed, listless; diarrhea alternates with constipation.	Larvae enters the body through the pores of skin between toes.	Hookworm easily found in examination of stool. Refer to medical department.
IMPETIGO	Small blisters, weeping lesions, crusts on face and hands.	Transmitted by direct or indirect contact with infected person spread by scratching.	Very contagious—common especially in warm weather. Prompt recognition is important for control. Refer to medical authority.
INFECTIOUS HEPATITIS	The first symptoms are fatigue, lack of appetite, nausea, perhaps vomiting, abdominal discomfort and fever. A few days later jaundice develops in some. Urine may appear dark preceding the jaundice.	Contact with jaundiced or non-jaundiced case and possibly carriers. Can be transmitted by contaminated needles and syringes. Transmission by contaminated food, water or milk can occur.	Bed rest is important in treatment. Gamma globulin can prevent the disease in immediate contacts. Refer to medical authority.
LICE	Found in hairy part of body. Evidence of scratching, redness or actual lesions.	Transmitted by direct contact with the infected person or through infected clothing and bedding.	Recognition and proper method to remove lice. Refer to policy of institution or consult medical authority.

DISEASE	SIGNS AND SYMPTOMS	METHOD AND/OR CAUSES OF INFECTION	REMARKS
MEASLES	Begins with fever followed by symptoms like a cold in the head, running nose, sneezing, inflamed and watering eyes and fever, the rash is usually first seen behind the ears, on forehead and face. It is blotchy and usually dusky red in color. The rash usually appears on the 3rd or 4th day but may occur on the 1st or as late as the 7th day.	Discharges from nose and throat of an infected person especially early in the disease before the rash appears.	Very contagious especially during the first few days before the rash appears. Practically everyone who has not had the disease is susceptible, hence, measles occur characteristically in epidemics. Notify medical authority.
MENINGITIS **Incubation period: 2-10 days.**	Onset usually abrupt, with vomiting, fever, headache and stiffness of neck.	Contact with discharges from nose and throat of carrier or case.	Notify medical authority upon first signs.
MUMPS	Onset usually sudden fever and swelling of one or more of the salivary glands, most commonly the parotids located at the angles of the jaws. Swelling reaches maximum within 24 hours and may last 7-10 days.	Contact with a previous case. Discharges from mouth from 2 days before to end of period of glandular swelling. Many cases are so mild as to go unnoticed yet can spread infection.	About one-third of the cases are so mild as to be unapparent. Involvement of ovaries and testicles is more frequent past puberty. Medical authority should be informed.
PNEUMONIA	An acute infection with sudden onset of chill, fever, often pain in chest. Cough. In children, vomiting and convulsion.	Discharge from mouth and nose of infected person; direct contact with infected person or articles of infected person.	Person may be more susceptible if wet, cold or fatigued. Pneumonia may follow other diseases such as flu, etc. Inform medical authority.
POLIOMYELITIS **Infantile Paralysis** **Incubation period: 7-21 days. Commonly 12 days.**	Onset sudden, with fever, dull pain on bending neck forward, pain on being handled, headache, vomiting. Sometimes sudden development of weakness of one or more muscle groups.	Virus present in nose and throat secretions and feces of cases.	Disease is probably most communicable in the early stages. Every person under 40 years of age should be vaccinated against poliomyelitis. Inform medical personnel.

DISEASE	SIGNS AND SYMPTOMS	METHOD AND/OR CAUSES OF INFECTION	REMARKS
RINGWORM	Circular scaly patches on scalp—leaves small bald areas.	Spread by exchange of caps, combs, brushes, etc., from the infected person.	Highly contagious. Notify medical authority.
SCABIES	Lines of sores with severe itching often between the fingers. May be found in folds of skin around waist, crotch, elbows.	Contact with infected person or articles that have been handled by infected person.	Avoid contact. Notify medical authority.
SMALLPOX	Onset sudden, usually with fever, a severe backache. About third day develops red pimples, felt below skin, and seen first about the face and wrists and other exposed surfaces.	Contact with case. Infection conveyed by discharges from lesions of skin and nose and mouth.	A relatively rare but very serious disease. Very contagious. Inform medical authority.
SORE THROAT AND SCARLET FEVER Incubation period: 2-5 days.	Scarlet fever is ordinary sterptococcal sore throat with a rash. Onset usually sudden, with headache, fever, sore throat. Glands of neck usually enlarged. Usually within 24 hours and the rash appears as fine, evenly diffused bright red dots. The rash is seen first on the neck and upper part of chest, and lasts 24 hours to 10 days; when rash fades and the skin peels in scales, flakes or even large pieces.	Contact with a previous case or carrier. Discharges from nose and mouth or ears of a patient. Often spreads through mild, unrecognized cases.	Sore throat is important in causing or reactivating rheumatic fever. Medical authority must be informed.
STYES	Sore on eyelids. Uncomfortable.	Eye strain, rubbing eye with soiled hands, etc.	Refer to medical authority for treatment.
SYPHILIS	Skin eruption similar to measles or chickenpox. Sores in mouth and throat.	Contact with discharge from sores on the mucus membrane and skin. Usually through sexual intercourse.	Notify medical authority.
WHOOPING COUGH	Begins with cough which is worse at night. Symptoms may at first be very mild. If a resident vomits after a hard spell of coughing he may be suspected of having whooping cough.	Contact with a previous case. Discharges from nose and mouth especially in the early stages before the whoop begins.	A disease with serious aftereffects. Medical authority should be notified.

PURPOSE: To help the attendant perform his tasks with the proper amount of physical effort, in the correct way, to prevent fatigue, strain and personal injuries.

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Commentary	Knowing the proper way to stand, walk, stoop, sit, bend, lift and carry is important to reduce fatigue and prevent personal injury. Often residents need help in getting about and in such activities as the bathing process. Some need help in moving in bed while others may be almost completely helpless and two attendants are necessary for the required movement. Knowing and using proper methods will make the job easier and safer for the attendant and the resident.	Lecture Discussion	*Body Mechanics in Nursing Arts*, p. 15
Proper Body Mechanics	*Body balance:* Base support is related to body balance A broad base with feet slightly apart or one foot ahead of the other provides good body balance		*Consult with Physical Therapist of institution or nearby hospital*
	Proper body alignment is important to minimize fatigue and perform the function with the best advantage	Chart	Figures 1 and 2, p. 79
	Walking: Proper walking habits reduce fatigue and body jar Body weight is shifted with each forward step Good step rhythm moves the body forward with less effort The position of the feet in relation to the ankle is important Good shoes—low heels, properly laced and well fitted are necessary	Demonstration	
	Stooping: Stooping with proper body alignment and position prevents fatigue Lower the body Keep back straight As knees are bent—the feet are apart, one slightly ahead of the other—thus a broad base for better balance is established The body is held slightly forward above the hips	Lecture Chart Discussion Demonstrate	Figures 3 and 4, p. 79
	Sitting: Proper body alignment when sitting reduces muscle strain and provides proper circulation in the blood vessels in the thighs The trunk should be in the same alignment as when standing The feet should be flat on the floor Sitting back in the chair to provide better support	Chart	Figures 5 and 6, p. 79
	Reaching: Keep work close to the body when performing tasks at tables, desks, etc. Reaching toward table from a bending position will cause undue muscle strain and fatigue	Chart	Figures 7 and 8, p. 79

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Proper Body Mechanics (Cont.)	The back should be straight When reaching above the head stand close to the area, with feet slightly apart *Lifting*, carrying or moving: To use as little energy as possible good alignment of the head and trunk is necessary—keep feet apart, knees and legs in position to provide the power to move the body Lift close to the body Bend your knees not your back Use large muscles of the thighs, legs and arms When the body works as a coordinated unit—it is easier to move bed patients, push wheel chairs, assist with movement of residents and perform other tasks that require extra force and energy Some tasks require the efforts of two people. In these cases the attendant must get help to prevent injury to himself or to the resident	Chart	Figures 9 and 10, p. 79

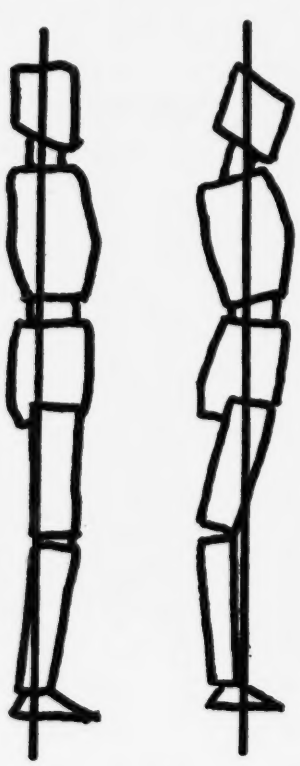


Fig. 1—Good Fig. 2—Bad

Fig. 3—Good

Fig. 4—Bad

Fig. 5—Good

Fig. 6—Bad

Fig. 7—Good

Fig. 8—Bad

Fig. 9—Good

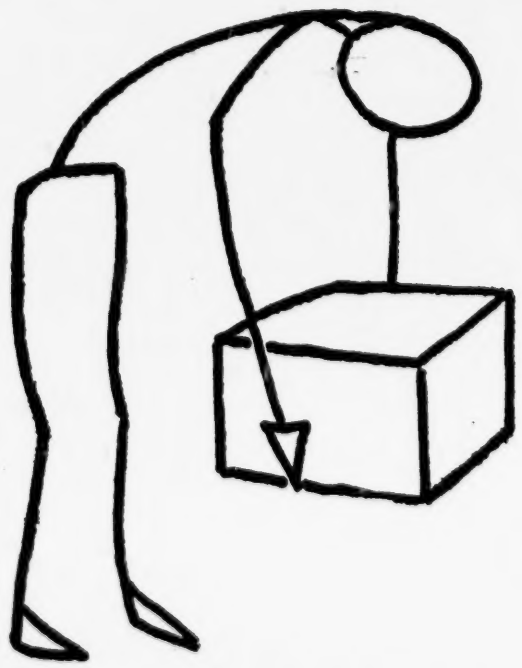


Fig. 10—Bad

SUBJECT: THE ATTENDANT AND THE USE OF LEISURE TIME

PURPOSE: To stimulate the attendant to use his abilities to aid the resident in a more enjoyable and profitable use of leisure time.

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Commentary	Leisure time activities should encourage active and/or passive participation by the resident and should be an enjoyable experience. The activity should meet the physical, mental and social needs of the resident, and should enrich the living experience within the institution. The use of leisure time with the mentally retarded is an important part of the total program. It is not meant to take the place of the regular planned recreational program but is in addition to it.	Lecture Discussion Book	See *Social Rehabilitation of the Subnormal*, "Training for Leisure," pp. 213-216
General Discussion	*Aspects:* Leadership by the attendant is of prime significance Awareness of varied activities that may be introduced Recognize individual interests as important To be sensitive to a change of pace and the development of new interests Skills, interests and hobbies brought to the job by the attendant are important The attendant must use his imagination and be willing to try something new	Book Book	*Handbook for Recreation* *Play Activities for the Retarded Child*
Consideration of the Resident	*Limitation and handicaps* of the residents in planning leisure time program: Mental age Physical capabilities Sex Emotional characteristics Levels of participation Other	Lecture Discussion Book	*Hobbies* (Refer to section on "Understanding Mental Retardation)
Program Planning	*General planning:* Determine resident's interests and needs Relate needs of supplies and equipment Familiarize self with ordering procedure Determine storage space for supplies and equipment Consider safety factors	*Visit cottages* *Determine resident's capabilities and interests*	Consult with recreation department at institution
	Consider the following question: What is being done? What can be done that is not being done? How can the program be improved?	*Take inexpensive items from cottage such as newspaper or paper cups, paper plates, tongue depressors, etc., list 10 uses that can be made of these items in a leisure time program*	Ten idea method
	Detailed planning: Have attendants work in groups of two to develop a: Leisure time program for residents of two cottages Make sure all cottages are covered, giving examples of programs for all levels		

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Some criteria for program evaluation	*Evaluation of program:* Is everyone having fun? (If the residents are happy, your leisure time program is a success) Is the resident learning something? This can range from the solving of simple social problems such as dressing and tying shoes to the performance of a skill Is the resident becoming more independent in his daily living? Does the resident feel as though he is accomplishing something? Is the resident gradually becoming more aware of the world in which he lives?	Lecture Discussion	
Facilities	*It is important for the attendant to be familiar with the facilities available:* On grounds: Outdoors: Playpen area Paths for walking Playground area Sundeck Paved area for street games Garden area Picnic area Fishing and swimming Camping area Outdoor theater Golf club or putting green Sports field	*Discuss each item and relate to a leisure time activity* *Be aware of what is available and how it can be used to provide a more meaningful activity*	
	Indoors: Dayrooms Solarium Multipurpose areas Auditorium and theater Hobby and club rooms Canteen, kitchen or domestic science area Workshops Gymnasium	Lecture Discussion	
	Off grounds: Outdoors: Parks and beaches Camps Zoos Stadiums Woods and forests		

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Facilities (Cont.)	Military installations Historical landmarks Other institutions Schools and colleges Bridges, parkways, tunnels *Indoors:* Public buildings (museums, aquariums, art galleries, historical shrines, etc.) Local industry (plants and factories) Theaters Air, train and bus terminals Bowling alleys Churches Library Private residences *The attendant should be aware of available supplies and equipment* (what is available and how to get it) Individual resident needs Group needs Ongoing program needs Special event needs	Lecture Discussion	
Activities	*Be aware of possible forms of activities:* Arts and crafts: Modeling Carving Braiding and knotting Painting Lettering Stenciling Ceramics Metal crafts Wood carving Needle work Block printing Shell craft Hobbies and special interests: Photography Collecting hobbies—*stamps, coins, autographs, etc.*		

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Activities (Cont.)	Pets Gardening—*flowers and vegetables* Newspaper or magazines printed by the institution Puppetry Sketching Scraping Scrapbook Reading Trips: Picnics and barbecues To swimming facilities To sports events To museums and other educational facilities To theaters To carnivals and to circus Music: Singing Rhythm bands Listening *appreciation* Recordings Concerts Jam sessions Combos Dances: Creative Ballroom Square Folk Tap Contemporary Parties and special events: Holidays Special themes and seasonal events Birthdays Field days Carnival and circus Demonstrations and tournaments Games: Sports and athletics Table and board games	Lecture Discussion	

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Activities (Cont.)	Outdoor games Chance and skill Cards Puzzles and trick Quizzes Skills and stunts Entertainment: Variety show Musical Movies Television Radio Puppet shows Minor dramatics: Skits Stunts Charades Costumes Puppetry and marionettes The use of makeup Nature: Fish Plants and flowers Birds Animals Gardening Elementary astronomy Rock collecting Shell collecting Nature study Organizational activities with: 4-H Clubs Boy Scouts and Girl Scouts YMCA, YWCA, YMHA, YWHA, YM-YWCA, YM-YWHA Hi-Y Student councils AFL-CIO community service activities Association of the Junior Leagues of America, Inc. Big Brothers of America Boy Clubs of America	Lecture Discussion	

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Activities (Cont.)	Camp Fire Girls Girls Clubs of America Goodwill Industries of America The American Red Cross The Salvation Army Other local groups and organizations	Lecture Discussion Book	*Social Rehabilitation of the Subnormal*; Section "Leisure Time Activities," p. 99
For the more severely handicapped	*No specific activity can be suggested for age levels because many residents have multiple handicaps;* (mental, physical, social and emotional)		
	Rules of games and activities may have to be altered to meet the capabilities of those participatnig	Observation	
	Attention span of resident may be very limited	Manual	*A Suggested Guide for Recreation for the Severely Retarded*
	New experiences should be introduced infrequently		
	Repetition of the same game or experience strengthens performance ability		
	Attendant should *be alert to the dangers* of the activity and equipment involved		
	Some residents enjoy watching and listening rather than participation		
	The attendant and his ingenuity can often make up for the absence or limit of supplies and equipment		
	Suggested list of recreational needs for the more severely retarded: Outdoors: Sandbox A supply of water—large pool, tub, pans, hose with spray, etc. Toys—usable for sand or water Merry-go-round Slides Swings Tumble tubs Balls Record player Records Benches Tables Indoors: Rocking devices Blocks Beads and lacing Rubber toys—*to squeeze, to throw, to wash, to dress, to share* Peg boards and pegs	*Visit to severely retarded cottage* *Observe children in play activities*	

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
For the more severely handicapped (Cont.)	Assembling and matching-up toys Puzzles Table games Paper for coloring, tracing, cutting, pasting and tearing Blunt end scissors Paste—*non-toxic* Crayons—*non-toxic* Masking tape Pictures, magazines, Christmas cards for looking at, talking about, matching, exchanging, tracing, cutting, pasting and coloring Cardboard boxes and paperbags Tissue—crepe paper Pipe cleaners		

SUBJECT: SEX EDUCATION

PURPOSE: To give the attendant the necessary understanding and information so that he may be able to answer questions and supervise the activities of the resident concerning the social and physiological aspect of sex.

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Introduction	Sex education cannot be limited to a lecture. Information about sex is learned by the individual as he develops. The learning of the "facts of life" constitute an important part of the so-called "growing-up" process. Sex training is not so much a question of "how much" the child learns as it is a matter of "what" and from whom he receives the information. Usually, the responsibility for the child's sex education is with the parents in the home. When the youngster has a question to ask about some phase of sex it is natural that he will come to his mother or father if he knows that he can obtain a correct answer without being embarrassed or made to feel foolish. In the institution, where the parent is not present, the most likely person to answer the day-to-day questions an individual may have about sex would be the attendant. NOTE: *Questioning or behavior that appears to be excessive or unusual should be referred to a professional staff member.*	Lecture and Discussion Book Book Book Pamphlet Booklet	*What to Tell Your Children About Sex* *Baby and Child Care*, pp. 372-380 *The Professional Houseparent*, Chapter 10 *Child Behavior*, pp. 198-209 *How to Tell Your Child About Sex* *Understanding Sex* See section on *When to Refer*, p. 93
Sex Instruction	*Procedure:* As a general rule it may be best to tell the resident the truth about sex from the start Consideration should, of course, be given to his level of understanding Answer questions simply and directly There is usually no need to go into a long and lengthy discussion It is suggested that only the proper names and terms be used when discussing parts of the body *Points to keep in mind:* As a child develops he may ask more detailed questions—it is at this time that additional information may be provided Remember, the person's curiosity should be satisfied at his level of understanding The subject of sex is to be presented in a positive way—not in a negative manner The so-called "bad" part about sex, such as disease and illicitness may be left out until the person has at least some basic understanding of the over-all subject NOTE: *The attendant must realize that the resident may ask questions about sex at most any time. However, if a direct answer is not appropriate at the moment, the answer may be postponed simply by saying, "I'll tell you later." Be sure that promise is kept.*	Lecture Discussion *Exchange ideas with class on all issues*	Use any basic physiology textbook

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Menstruation	*Explanation:*	Lecture Discussion	
	Menstruation refers to the monthly discharge peculiar to women The onset of this physical change somewhere between twelve and seventeen is a sign that a girl is sexually mature and that reproduction is possible	Film	*The Story of Menstruation*
	As the first menstrual period can be a very disturbing experience for the young girl, the awareness of this condition by the attendant is very important; explanation and help is usually needed	Book	*The Professional Houseparent*, p. 145
	Specifically what happens, is that the lining of the uterus becomes thickened as extra blood is supplied in the event of fertilization	Pamphlet	*What Happens During Menstruation*
	When fertilization does not take place the extra blood is discharged This monthly cycle is perfectly normal and extends to the menopause The record of menstruation:		
	Accurate records should be kept	Pamphlet	*Very Personally Yours*
	It may be advisable that the attendant verify that the menstrual period has begun	Pamphlet	*Growing Up and Liking It*
	Health practices during time of menstruation:	Pamphlet	*You're a Young Lady Now*
	Baths and showers are continued Proper instruction and supervision in the use of sanitary napkins is necessary Regular exercise and relaxation are important Correct diet and proper rest are necessary		
	Irregularity:		
	During the first year of menstruation, some girls have irregular periods even skipping a month or so It may take time for the body to adjust itself to its new cycle By the end of the first year menstrual periods will probably come regularly Even then the cycle can be affected by change in health or routine Frequent irregularity after the first year should be cause for medical referral	Booklet	*From Fiction to Fact*, p. 21
Menopause	*Explanation:*	Lecture Discussion	
	The menopause is that period in a female's life when menstruation normally ceases The menopause is popularly referred to as the "change of life" Pregnancy can no longer take place Occurring rather abruptly somewhere between the age of forty to fifty years the menopause oftentimes brings with it disturbing physical and emotional sensations It is quite important that the attendant and the resident understand as much as possible regarding the basic facts of this condition	Book	*The Professional Houseparent*, pp. 151-153 (For additional information consult most any introductory book on health and hygiene
Masturbation	*Explanation:*	Books	*Baby and Child Care*, pp. 368-372, 378-379
	Masturbation may be defined as self-stimulation of one's own sex organs The practice appears to be almost universal among boys and quite common among girls		

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Masturbation (Cont.)	Masturbation may occur at almost any age and may continue as a habit throughout adolescence and into adulthood NOTE: *While there is little or no medical evidence indicating that masturbation is injurious to the physical body it is important to realize that masturbation is not a desirable form of expression*	Book	*Health for Effective Living*, p. 107
	Control: To control masturbation it is suggested that the resident be exposed to as many healthy activities as possible This habit generally ceases or becomes less frequent as the individual learns to participate (at his level of development) more fully in the socially acceptable interests and activities of his surroundings Stress importance of recreational activities	Lecture and Discussion	Refer to policy of institution
Nocturnal Emissions	*Explanation:* It is very common for boys to have ejaculations (wet dreams), in their sleep This experience is considered quite normal and should not cause alarm However, all young men do not have nocturnal emissions; this does not mean that they are lacking in masculinity	Booklet Book Book	*Now They are Grown*, p. 22 *Adolescence*, p. 107 *Health for Effective Living*, p. 107
Homosexuality	*Explanation:* The word "homosexuality" refers to the sexual desire of one individual for another of the same sex In institutional life individuals are grouped by sex and are usually in close physical proximity with one another It should be understandable that some individuals may seek homosexual experiences	Book	*Health for Effective Living*, p. 108
	Control: Close supervision on the part of the attendant is necessary Adequate facilities assuring a degree of privacy are desired The attendant should be familiar enough with the resident under his supervision to sense the need to take action before there is an overt expression Encourage healthy physical activities NOTE: *Both the attendant and cottage supervisor should be aware of individuals under their charge who have a history of homosexuality*	Lecture Discussion	
Points to Stress	That intelligent and sympathetic sex instruction is essential for the healthy development of all individuals That some curiosity about sex is normal That appropriate sex attitudes are largely the result of proper training That the mentally retarded are no more sexually delinquent than a cross section of the average population That there is nothing to hide about the subject of sex That healthy physical and recreational activity should be encouraged That the attendant ideally should possess insight and understanding regarding all basic matters pertaining to sex	Books	*The Adjustment of Severely Retarded Adults in the Community*, p. 110

SUBJECT: RELIGION

PURPOSE: To provide the attendant with an understanding and appreciation of religious differences (thereby creating religious tolerance).

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Commentary	The matter of religious observance is usually determined by institutional policy. Because the attendants and the residents in institutions come from varied religious backgrounds there is a need to develop an understanding and appreciation of other religious beliefs.	Lecture	Review policy of institution on religious observance
		Discuss importance of religion in the lives of the residents	Consult with Chaplain Service
		Booklet	*The Mentally Retarded and the Church*
	Parents are often concerned that their children receive appropriate guidance and training in their particular religious faiths.		
Definition of Religion	The awareness of conviction of the existence of a supreme being		*Standard Dictionary*
	The realization of this belief is exhibited in different ways by different individuals or groups		
	The quest for the values of the ideal life		
Major Religions	The major religions in this country: Protestant Catholic Jewish	*Discussion of central beliefs by representatives of each major religious group*	Consult with institutional Chaplain
	Identify basic beliefs and observances	Lecture	Consult local council of churches
	Identify all religious holidays		Consult calendar of religious holidays
Responsibility of the Attendant	Encourage and assist the resident to observe his respective religious activities	Discussion	Policy of the institution
	Assure proper dress for religious activities		
	Give attention to the care of the resident's personal religious articles A particular place to keep items used for religious occasions may be necessary	*Illustrate how the attendant may assist with the necessary religious activities, etc.*	
	Recognize the highly personal nature of religion—a sense of formality and respect should be encouraged by the attendant		

SUBJECT: DISCIPLINE

PURPOSE: To help the resident exhibit behavior considered appropriate and acceptable by the group in which he functions.
To give the attendant the means and knowledge of control thus helping the resident achieve the goal as prescribed by the institution.

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Commentary	Discipline has different meanings to different people, to some it may mean to regulate, to govern, to keep in line—a strict way of life. To others it means punishment.	Lecture	
		Booklet	*How to Discipline Your Children*
	In a program for the retarded, discipline should mean that which is done for and with the resident, not to him. It should be that which is done for his own personal safety and in order for him to get along with others.	Book	*Houseparents in Children's Institutions*, p. 42
Definition	*What is discipline?*	Discussion	Consult with institutional psychologist
	Properly directed learning utilizing guidance, control, direction and purpose		
	The application of methods to prevent or correct infractions of established rules or policies		
	Instruction and training: (The means of attaining discipline)	Booklet	*The Controversial Problem of Discipline*
	Self-discipline: (The goal of all disciplinary action)	Book	*The Professional Houseparent*
Aspects of Discipline	*The objective of discipline:*		
	To maintain control		
	To assure safety of resident		
	To achieve the goal of the institution	Booklet	*The Why and How of Discipline*
	To teach external control		
	To help resident learn to make the proper choices		
	Some types of disciplinary action used:	Examples of action taken	Policy of institution regarding discipline
	Demerits		
	Scolding		
	Restrictions of privileges		
	Assignment of extra work		
	Confinement		
	The attendant should be consistent and fair:	Discussion	
	The fair attendant		
	Treats all residents the same		
	Does not allow favoritism to play a part in your efforts for control		
	The consistent attendant		
	Is the same to all residents in similar situations	*Incidents taken from actual situations in the institution may help stress the point*	
	Does not change punishment or reward according to his moods	Book	*Social Work Research*, pp. 254-255

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Aspects of Discipline (Cont.)	*Referrals:* Handle routine problems in cottage but be alert to refer special problems to other staff members	*Specific examples would be helpful*	See section of this manual on *When to Refer*, p 93
	Discipline becomes ineffective: When its negative aspects are applied too often When severe punishment is applied for small offenses When punishment is inconsistent and/or unfair		
	Interpretation of rules and policy that govern the actions of the resident: The resident must understand the rules and regulations concerning his activities within the cottage, at school, at play, and in working situations before he can be expected to abide by them	Lecture and Discussion	
	The resident learns: Respect for authority Respect for the rights of others Acceptance of rules and regulations	Book	*A Guide for Child Care Workers*
	Study incidents that resulted in disciplinary actions: Discussion of actual situations occurring within the institution The review of a few case histories may be helpful	*Have class discuss action taken in light of incident* *Institutional staff may assist in presenting selective case histories* *Seek to arrive at best way*	
Some additional thoughts	For good discipline and good behavior the *resident's feelings as well as his actions must be considered*	Discussion	
	Discipline should include those things undertaken in peaceful moments as well as troublesome ones		
	A positive approach is better than one of punishment		
	Orders should be made a personal thing for each resident		
	Residents often do not accept an order at first just because the group is supposed to follow it	Book	*Houseparents in Children's Institutions*
	Do not try to interpret, by your own feelings, how the resident should react to all given situations		
	The resident learns better by seeing and doing than by being told		
	All methods of discipline should be exercised in such a way that the resident gains an understanding of his behavior		
	The disciplinarian should not disclose personal anger or hostility to the resident		
	Disciplinary action, when necessary, *should be initiated immediately*		

PURPOSE: To help the attendant recognize when to refer a problem to his superior or to a professional staff member.

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
When to refer	*Introduction:* The job of the attendant is a most responsible one From time to time the attendant will be faced with many important problems —some of these will have to be referred to supervisors and others to professional staff members To decide when to handle a given situation and when to call for assistance requires considerable knowledge and experience The proper decision is one based on good common sense and is in accord with the policy of the institution However, it is better to refer a case to the immediate supervisor or to a professional staff member when not absolutely necessary than it is to omit a referral when it should have been made	Discussion Lecture Cite examples Book	*The Professional Houseparent*, see Chapter I, "The Valuable Houseparent." Review policy of institution on procedure of referral
	Routine referrals: Ordinarily all referrals are first directed to attendant's immediate supervisor Many cases requiring simple action are resolved in the cottage or unit Discipline Complaints by attendants Complaints by residents Simple requests Other	*Cite examples of actual situation*	
	Special services that may be available for referral purposes: Medical or nursing services: All physical injuries Suspected illness Review signs and symptoms: See section on nursing See chart on communicable diseases	*Discussion by nurse on what to refer*	Policy of institution See section on *diseases and conditions*, p. 72
	Dental service: Toothaches Broken teeth, plates, etc. Mouth infections	*Discussion by nurse or dentist on what to refer*	See section *Personal Health and Hygiene*, pp. 59-60
	Social service: Problems at home Problems at institution Inadequate adjustment among residents	*Discussion by social worker on what to refer*	

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
When to refer (Cont.)	Religious service: Training Guidance	*Discussion by chaplain or what to refer*	See section of this manual on *Religion*, p. 90
	Psychological services: Emotional problems of all types Possible discipline problems How to detect	*Discussion by staff psychologist on what to refer*	Policy of institution
	Speech and hearing services: Speech defects Hearing defects How to determine	Discussion by speech *therapist on what to refer*	
	Vocational guidance service: Training Possible placement	*Discussion by vocational counselor on what to refer*	
	NOTE: *The attendant may have the opportunity to follow through on cases that have been referred for special services*		

PURPOSE: To interpret to the parent the program of the institution.
To be aware of the feelings of the parents about their children.

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
Commentary	Because of the responsibility of the attendant for the care and well-being of the resident he is often the person to whom the parent or relative will go for information. The attendant plays a major role in the public relations program of the institution by interpreting the proper concept of care to the parent.	Lecture and Discussion	
	The information received by the parent from the attendant is highly regarded. The attendant is the one who sees the child everyday, is with him during play, at meals and at bedtime, knows the little things about him.	Book	*Houseparents in Children's Institutions*, p. 21
	Care must be taken by the attendant in giving information to the parent or relative. Incorrect information can lead to serious misunderstanding.		
	The attendant should only answer those questions about the resident that do not involve treatment or technical knowledge. Questions of a technical nature should be referred to the proper authority. The attendant should not try to diagnose the resident's problem or problems.		See section of this manual *When to Refer*, p. 93
	The attendant must remember that his actions are very important in the formation of opinions by parents about the institution. The appearance of the resident, the handling of the resident's personal items such as clothing—are examples of ways by which the parent judges the care that his son or daughter is receiving.	Film Pamphlet Article	*Tuesday's Child* *The Three Stages* *Needs of Parents of Mentally Retarded Children*
Parent expectation for his child	*Affection* *Understanding* *Special attention* *Special help* *Constant observation* *Happiness* *Contentment*	Class discussion *Discuss such questions as* What would you, as a parent, expect from the attendant who has the responsibility of caring for your child?	
Information the parent or relative desires	*About the program of activities:* The attendant should not discuss the academic program, its success or failures The attendant should be able to relate the recreation interests of the resident The attendant should know how the resident spends his free time, etc. *About the progress the resident is making:* Is he able to eat without help? Is he able to play ball? Is he able to go on day work? Has there been a loss or gain in weight? How does he get along with others?	*Observe and report on a selected group of residents*	Draw from situations and incidents that have occurred within the institution

SUBHEADING	SUGGESTED CONTENT	SUGGESTED TEACHING AIDS AND METHODS	REFERENCE
The Referral Service	*The attendant should not answer technical questions* but should refer parent to proper service—the parent may be directed to: Social Service Medical Dental Psychological Recreational Educational	Discussion	See section, *When to Refer*, p. 93
What to say and how to say it	*Recognizing what to say and what not to say* to parents *is very important:*	Lecture and Discussion *Use examples of situations that will illustrate, show what to say and how to say it*	
Observing	*Know and observe the resident* and be able to relate this information in an acceptable understandable manner to the parent	*Discussion of what should be observed*	
False hopes	*There is danger in providing the parent with false hopes* about his child. NOTE: *By definition the conditon known as mental retardation does not improve. It would be cruel to lead a parent to believe that his or her child might eventually return home as "cured." It is, of course, quite true that a retarded child, after exposure to proper training, may learn how to better face the world and as a result of this might be subject for discharge.*	Example and discussion *Use situation showing what can happen with false hopes*	

APPENDIX

AGGRESSION—An unprovoked attack, an act of hostility; to begin a quarrel.

AMBULATORY—Of or pertaining to walking.

ANTICONVULSANT—A medicine which acts to prevent seizures.

ANTI-SOCIAL—Unwilling or unable to associate normally with one's fellows.

ANXIETY—A sensation of fear, discomfort or uneasiness; may or may not be caused by an externally dangerous situation; eagerness; apprehension.

BACKWARDNESS—A term sometimes used to refer to any retardation in physical or intellectual development. Has also been used in a more restricted sense to refer to the intelligence of individuals obtaining I.Q. scores roughly from 70 to 90.

BIRTH-INJURY—A general term which refers to any damage done to the brain.

BORDERLINE—A term which has been used to describe intelligence of people obtaining I.Q. scores roughly from 70 to 90.

CARDIAC—Pertaining to the heart.

CEREBRAL PALSY—A disability due to damage of center of the brain before or during birth resulting in imperfect control of the muscles and marked especially by muscular in-co-ordination; paralysis and speech disturbances.

CHRONIC—Continuing for a long time (having long had an affliction).

CHRONOLOGICAL AGE—Age determined by time; number of actual years lived.

COMPREHENSION—Act of understanding; the term is usually used to refer to a level or degree of understanding in a particular area of functioning as, for example, level of reading comprehension.

CONGENITAL—Actually or potentially present in the individual at birth, whether as a consequence of heredity or of environmental factors.

CONTAMINATE—To soil, to stain or corrupt by contact.

CONTUSION—A bruise without breaking the skin.

CONVULSION—A violent, involuntary series of muscular contractions; a spasm.

CRETINISM—A congenital morbid condition, characterized by deformity, with goiter or virtual absence of the thyroid gland and commonly, mental retardation.

CULTURE—The characteristic values and other features of behavior of a group, nation or race of people.

*CURRICULUM—An educational program, a course of study.

CUSTODIAL—Relating to custody or guardianship; acting as a keeper; a term sometimes used in referring to the severely retarded; referring to an individual receiving an I.Q. score of 25 or below.

*DEAFNESS—Hearing impaired to the degree that it is of little or no utility for the purposes of ordinary communication.

---

* Taken from Volume 64, No. 2, A.J.M.D., permisson granted by editor.

DEFECATION—Discharge of (fecal) substances from the intestines; to void excrement.

*DELUSION—A false belief developed without appropriate basis and maintained despite contrary evidence.

*DIAGNOSIS—The procedure by which the nature of a disease is determined.

*DULL-NORMAL—A term sometimes used to describe the intelligence of people obtaining I.Q. scores from approximately 80 to 90.

*ELECTROENCEPHALOGRAPH—An apparatus which provides a graphic record of the electrical activity of the brain; the tracing made is called an electra-encephalogram; abbr. E.E.G.

*ENCEPHALITIS—An inflammation of the brain resulting from an infection; sometimes called "sleeping sickness."

ENVIRONMENT—That which surrounds; external conditions and influences affecting the individual.

EPILEPSY—A nervous disease usually characterized by convulsions and practically always by loss of consciousness; a seizure.

EVALUATION—A professional appraisal as with respect to intelligence, personality, speech, etc.

EXTREMITY—The utmost limit or part; a limb of the body; and the end part of an object.

FECES—Waste matter discharged from the intestines; excrement.

FEEBLE-MINDNESS—Lacking the normal mental powers; a term occasionally used as a synonym of mental retardation; term now going out of popular use.

*FETUS—The embryo or offspring; principally from the end of the third month until birth.

FRAME OF REFERENCE—A term commonly used to indicate the factors which influence the way different people view the world around them; a connected set of facts, experiences and/or ideas.

GAMMA GLOBULIN—A fraction of blood plasma rich in antibodies; opposes other substances used against measles and hepatitis.

GUIDANCE—The provision of information and assistance; the act of leadership.

HALLUCINATION—Perception of objects with no reality; experience of sensations with no external cause; such a condition usually arises from disorder of the nervous system.

HANDICAP—Any disadvantage that makes success more difficult, a limitation.

*HEMORRHAGE—Discharge of blood from the vessels.

*HEREDITARY—Pertaining to the biological mechanism by which characteristics are transmitted to offspring.

HIGH GRADE—A term sometimes used in the field of mental retardation synonymously with *educable;* referring to individuals with an I.Q. score usually between ~~25 and 50.~~ 50 - 75

HOSTILITY—An open act of negativeness; an unfriendly attitude; ill will.

HYDROCEPHALY—A condition marked by an excessive amount or pressure of the cerebrospinal fluid in the cranial cavity.

*HYDROMICROCEPHALY—A condition characterized by both hydrocephalus and microcephaly.

*IDIOT—A term now seldom used to describe the intelligence level of persons obtaining I.Q. scores below 25 or 30; often a term of reproach.

*IMBECILE—A term that has been used to describe the intelligence level of persons obtaining an I.Q. score from 25 or 30 to 50; often a term of reproach.

INCUBATION PERIOD—The period of time between infection and the appearance of signs of a disease.

*INFLAMMATION—A tissue reaction to injury causing redness and swelling of the skin; a reaction of the skin resulting from an injury.

INTELLIGENCE QUOTIENT—A number denoting the intelligence of a person determined by multiplying the mental age (MA) by 100 (to eliminate decimals) and dividing by chronological age (CA); abbr. I.Q. The formula for I.Q. is Ma/CA x 100.

ISOLATION—A state of being alone; separation.

LARVAE—The immature wingless, and often worm-like form in which certain insects hatch from the egg.

LOW GRADE—A term sometimes used in the field of mental retardation synonymously with *custodial;* referring to individuals with an I.Q. score usually below 25.

*MACROCEPHALY—A rare condition in which the head is abnormally large.

MATERNAL—Of or pertaining to a mother; derived or received from one's mother; motherly.

*MEMORY—The recall of previous experience and/or sensations.

MENTAL AGE—Level of intellectual development expressed as equivalent to the average of a particular chronological age group.

MENTAL DEFICIENCY—A term sometimes used as a synonym of mental retardation.

MENTAL DETERIORATION—A deterioration or retrogression in the level of intellectual functioning.

MENTAL RETARDATION—A condition of impaired or incomplete mental development; the term refers to all degrees of mental undevelopment ranging usually from I.Q. scores of 75 or below; Cf., mental subnormality.

MENTAL SUBNORMALITY—The World Health Organization (Tec. Rec. No. 75, '54) proposed that this term be used as a general term embracing all classes of persons whose general mental development is incomplete or insufficient, relative to their chronological age; the degrees of subnormality they suggest are "mild," "moderate" and "severe." The term mental subnormality is sometimes used as a synonym of *mental retardation.*

MENTALLY HANDICAPPED—A term sometimes used as a synonym of *mental retardation.*

MICROCEPHALY—A rare condition in which the head is greatly diminished in width and vertical measurement; there is usually a receding forehead.

MIDDLE GRADE—A term sometimes used in the field of mental retardation synonymously with *trainable;* referring to individuals with an I.Q. score usually between 25 and 50.

Mongolism—Abnormal condition of a child born with a wide, flattened skull, narrow, slanting eyes, and generally mentally deficient.

*MORON—A term that has been used to describe the intelligence of persons obtaining I.Q. scores of from 50 to 70, 75 or 80; often a term of reproach.

NAUSEA—A sickness of the stomach; vomit.

*NEUROSIS—An emotional conflict which reduces the effectiveness of the individual's functioning but in which there is little or no loss of contact with reality.

NUTRITION—The act or process of nourishing or being nourished; nutriment; food.

*ORGANIC—Pertaining to the structure of organs; organized; forming a whole.

ORTHOPEDICS—The science dealing with the correction or cure of deformities and diseases of the spine, bones, joints and muscles.

PAROTID—A salivary gland below and in front of the ear.

PATERNAL—Received or inherited from a father or the male line; related to one's father's side; fatherly.

*POSTNATAL—Subsequent to birth; after birth has taken place.

*POTENTIALITY—What is possible but not now actually realized, as for example, the "potentiality" for successful social living.

*PRENATAL—Present before birth.

PRIMARY—First or highest in rank or importance; principal.

PROGNOSIS—A forecasting of the probable course and termination of a disease.

PSYCHIATRY—The medical specialty dealing with or treating mental diseases.

*PSYCHOLOGY—The science which studies behavior in its relation to environment.

*PSYCHOPATH—A person whose actions persistently violate legal and social laws and whose behavior is directed toward gratification of his own needs with disregard for the needs of others.

*PSYCHOSIS—A disorder of behavior characterized by loss of contact with reality; this is a mental disease and is not to be confused with *mental retardation* which is a mental condition.

---

* Taken from Volume 64, No. 2, A.J.M.D., permisson granted by editor.

*RETARDATE, MENTAL—A person who is mentally retarded.

SECONDARY—Next after the first in order, place, time, importance; not primary.

SEIZURE—A sudden attack, as an illness or a disease; for example, an epileptic attack.

SHELTERED WORKSHOP—A facility which provides occupational training and/or protective employment for the mentally retarded or persons with other handicaps.

SLOW-LEARNER—A term used to refer to people who are somewhat retarded; individuals obtaining I.Q. scores ranging approximately from 80 to 90; a synonym of *educable*.

SOCIAL WORK—An organized act or technique directed toward the betterment of social conditions; to promote the social welfare.

SOCIOLOGY—The science or study of the order, development, organization and functioning of human society.

THERAPY—The treatment of a disease as by some process.

TRAINABLE—Referring to semi-dependent individuals with an I.Q. score usually between 25 and 50. Can learn self-care and to adjust socially; may be able to develop simple job or vocational skills; incapable of academic work.

*TRAINING SCHOOL—Sometimes used as a synonym of an institution or hospital for the mentally retarded; more specifically, an institution emphasizing education and habilitation.

*TRAUMA—Any injury; may be produced by physical or psychological means.

URINE—The fluid excreted from the kidneys.

VAGINA—In female mammals, a canal which leads from the uterus to the external orifice of the genital canal.

VALUES—A term sometimes used in referring to an individual's or group's attitude or feeling toward social issues; group judgment stemming from experience and/or training.

VECTOR—An organism, usually an insect, which carries or transmits germs and disease.

VENEREAL DISEASE—Any of several diseases transmitted chiefly by sexual intercourse, as syphilis, gonorrhea, etc.; abbr. V.D.

---

* Taken from Volume 64, No. 2, A.J.M.D., permisson granted by editor.

BOOKS

A Guide for Child-Care Workers, Mayer, Morris Fritz, The Child Welfare League of America: 1958.

A Suggested Guide for Recreation for the Severely Retarded. Vineland State School, New Jersey: 1961.

Adolescence, Malm, Marguerite and Jamison, Olis, G., McGraw-Hill, New York: 1952.

Baby and Child Care, Spock, Benjamin, Pocket Books, Inc., New York: 1961.

Body Mechanics in Nursing Acts, Fash, Bernice, McGraw-Hill, New York.

Child Behavior, Ilg, Frances L. and Ames, Louise B., Dell Publishing Company, New York: 1961

Child Psychology, Thompson, G. G., Houghton Mifflin, Boston: 1952.

Child Study, Strong R., MacMillan, New York: 1951, 3rd. ed., Chapters V and XIV.

Child Training and Personality, Whiting, J. W. M. and Child, I. L., Yale University Press: 1953, Chapter XI.

First Aid Textbook, American Red Cross, Doubleday and Company, Inc.: 1957.

Five Minute Safety Talks for Foremen, National Safety Council, Chicago: 1952.

Growth at Adolescence, Tanner, J. M., Ch. C. Thomas, Springfield, Illinois: 1962, 2nd ed.—Chapters I, IV, VIII.

Handbook for Nursing Aides in Hospitals, McGolrick, G., Sutherland, D. and Arnstein, M., American Hospital Association, Chicago: 1953.

Handbook for Recreation, Children's Bureau Publication No. 231, Washington 25, D. C.: 1960.

Health for Effective Living, Johns, Edward B., Sutton, W. C. and Webster, Lloyd E., McGraw-Hill Book Company, New York: 1954.

Helping the Brain Injured Child, Ernest Siegel, M.A., New York Association for Brain Injured Children, 305 Broadway, N. Y. 7,

Hobbies, Mulac, Margaret E., Harper & Brothers, New York: 1959.

Home Nursing, American Red Cross, Doubleday and Company, Inc., New York: 1951.

Houseparents in Children's Institutions, Broten, Alton M., The University of North Carolina Press, Chapel Hill: 1962.

Job Instructor Training Manual, Office of Industrial Resources, Technical Bulletin, No. 4, Superintendent of Documents, Washington, D. C.: 1957.

Management of Training Programs, DePhillips, Frank A., Bulines, William M. and Gribbin, James J. Richard D. Irwin, Inc., Homewood, Illinois: 1960.

Manual of Hospital Housekeeping, American Hospital Association, Chicago: 1959.

Mental Retardation, Rothstein, Jerome H. (Ed.), Holt, Rinehart & Winston, New York: 1961.

New Ways in Discipline, Baruch, Dorothy W., McGraw-Hill Book Company, Inc., New York: 1949.

Perceptive Management and Supervision, Weckert, Frederick R., Prentice Hall, Inc., Englewood Cliffs, New Jersey: 1961.

Play Activities for the Retarded Child, Carlson, Bernice W., and Ginglend, David R., Abingdon Press, New York: 1961.

Principles of Management, Terry, George R., Richard Irwin, Inc., Homewood, Illinois: 1956.

Recreation Activities for the Handicapped, Chapman, Frederick M., The Ronald Press Company, New York: 1960.

Social Disorganization, Elliott, Mabel A., and Merrill, Francis E., Harper & Brothers, New York: 1961.

Social Rehabilitation of the Subnormal, Gunzburg, Herbert C., Williams & Wilkins, 428 East Preston Street, Baltimore 2, Md.

Social Work Research, Polansky, Norman A. (Ed.), The University of Chicago Press, Chicago: 1960.

Supervising People, George Halsey—Revised 1953, Harper Bros., New York.

The Adjustment of the Severely Retarded Adults in the Community, Saenger, Gerhart, (Report to the N. Y. Interdepartmental Health Resources Board, Albany, New York State: 1957).

The Child From 5 to 10, Gesell, A. & Ilg, E. L.,
Harper, New York: 1946.

The Child Who Never Grew, Buck, Pearl S.,
The John Day Company, New York: 1950.

The Mentally Retarded, Jordan, Thomas E.,
Charles E. Merrill Books, Inc., Columbus, Ohio: 1961.

The Mentally Retarded Child, Abraham Levinson,
The John Day Co., New York.

The Mentally Retarded in Society, Davies, Stanley Powell,
Columbia University Press, New York: 1959.

The Professional Houseparent, Burmeister, Eva,
Columbia University Press, New York: 1961.

The Retarded Child, Loewy, Herta,
Staples Press, New York: 1953.

The Years From 10 to 16, Gesell A., Ilg, F. L., & Ames, L. B.
Harper, New York: 1956.

Training in Business and Industry, McGehee, William and Thayer, Paul W.,
John Wiley & Sons, Inc., New York: 1961.

You and Your Retarded Child, Kirk, Karnes and Kirk,
MacMillan Publishing Co.

What to Tell Your Child About Sex, Suehadorf, Adie (Ed.),
Permabooks, New York: 1958.

BOOKLETS

"A Handbook on Fabric Care"
American Institute of Laundering, Joliet, Illinois.

"Cottage Parents: What They Have to Be, Know and Do," Hyman Grossbard
Child Welfare League of America, 44 E. 23rd St., New York 10, N. Y.

"Dental Health Facts for Teacher," "Your Artificial Dentures"
American Dental Association, 222 E. Superior St., Chicago 11, Illinois.

"Facts and Fancies About Mental Deficiency"
Department of I & A, State of New Jersey, Trenton, New Jersey.

"Floor Care and Maintenance" (Facilities Handbook—Series S-3)
Post Office Department, Washington 25, D. C.

"From Fact to Fiction" (A teacher's guide on menstruation and menstrual health)
Education Department, Tampax Corp., 161 E. 42nd St., New York 17, N. Y.

"From Hand to Mouth"
U. S. Government Printing Office, Washington 25, D. C.

"Growing Up and Liking It"
Personal Products Corp., Milltown, N. J.: Chicago, Ill.: Sunnyvale, California.

"Guide to Good Grooming, No. 133"
Science Research Associates, Inc., 259 East Erie St., Chicago 11, Illinois.

"Handbook for Civil Defense Emergency Planning in Welfare Institutions" (a guide for fallout protection of populations and staff)
U. S. Department of Health, Education and Welfare, Washington 25, D. C.

"Hospital Sepsis: A Communicable Disease"
Hospital Division, Johnson and Johnson, New Brunswick, N. J.

"How Retarded Children Can Be Helped"
Public Affairs Pamphlet, No. 288.

"How to Discipline Your Children"
Public Affairs Pamphlet, No. 154.

"How to Tell Your Child About Sex"
Public Affairs Pamphlet, No. 149, 22 E. 38th St., New York 16, N. Y.

"Institutional Fire Protection Is Different"
National Fire Protection Association, 60 Batterymarch Street, Boston 10, Mass.

"Isolation Procedures and Techniques"
National League for Nursing, Inc., 10 Columbus Circle, New York, N. Y.

"Leather Shoes"
U. S. Dept. of Agriculture, Farmer Bulletin, No. 1523
U. S. Printing Office, Washington 25, D. C.

"Maintenance"
National Sanitary Supply Association, Inc., 139 North Clark St., Chicago, Ill.

"More Than a Million People"
The Federal Association for Epilepsy, Inc., 1729 F. St., N. W., Washington 6, D. C.

"New Hope for the Retarded Child"
Public Affairs Pamphlet, No. 210, 22 E. 38th St., New York 16, N. Y.

"Now They Are Grown"
National Association for Retarded Children, 386 Park Avenue South, New York 16, N. Y.

"Progress Favorable"
National Epilepsy League, Inc., 130 N. Wells St., Chicago 6, Ill.

"Removing Stains From Fabrics"
U. S. Department of Agriculture, Home and Garden Bulletin, No. 62, Washington 25, D. C.

"Ring the Alarm"
Education Facilities Lab., Inc., 477 Madison Avenue, New York 22, N. Y.

"Selected Films on Child Life"
U. S. Department of Health Education and Welfare, Children's Bureau, 1959, Compiled by Ineg D. Lohr, Washington 25, D. C.

"The Backward Child"
Dept. of National Health and Welfare, Information Service Division, Ottawa, Canada.

"The Care, Cleaning and Selection of Floors and Resilient Floor Covering"
American Hotel and Motel Association, 221 W. 57th St., New York, N. Y.

"The Child Who Is Mentally Retarded"
Children's Bureau Folder, No. 43—1956, U. S. Dept. of Health Education and Welfare, Washington 25, D. C.

"The Controversial Problem of Discipline," Wolf, K. M., 1953,
The Child Study Association of America, 9 E. 89th St., New York 28, N. Y.

"The Mentally Retarded and the Church"
National Council of the Churches of Christ in the U. S. A., 475 Riverside Drive, New York 27, N. Y.

"The Retarded Can Be Helped"
National Association of Retarded Children, 386 Park Ave., South, New York 16, N. Y.

"The Three Stages"
National Association for Retarded Children, 386 Park Ave., South, New York 16, N. Y.

"The Why and How of Discipline"
A Child Study Association Publication, 9 East 89th St., New York 28, N. Y.

"Understanding Sex"
Science Research Association, Inc., 259 E. Erie St., Chicago 11, Illinois.

"Where Are Your Manners"
Science Research Associates, Inc., No. 118, 259 E. Erie St., Chicago 11, Illinois.

"You, Your Child and Epilepsy"
Federal Association for Epilepsy, 1729 F. St., N. W., Washington 6, D. C.

"You're a Young Lady Now" (Very Personally Yours)
Kimberly Clark Corporation, Neenah, Wisconsin

ARTICLES

"A Manual on Terminology and Classification in Mental Retardation"
Journal—American Journal of Mental Deficiency, Vol. 64, No. 2, 1959
P. O. Box 96, Willimantic, Conn.

"An Investigation of the Relationship Between Children's Language and Their Play," Janus, S. Q.
J. Genet, Psychol., 1943, Vol. 62, Pages 3-61.

"Enjoy Your Child Ages 1, 2, 3," Hymes, J. L., Jr.
Public Affairs Pamphlets, 22 E. 38th St., New York 16, N. Y.: 1960, No. 141, 18th edition.

"Lincoln-Oseretsky Motor Development Scale," Sloan, W.
Genet. Psychol. Monogr., 1955. Vol. 51, Pages 183-252.

"Needs of Parents of Mentally Retarded Children," Mrs. Max A. Murray
American Journal of Mental Deficiency, Vol. 63, No. 6, May 1959.

"Physical Fitness in Terms of Physique, Development and Basal Metabolism," Wetzel, W. C., J.A.M.A., 1941
Vol. 116, Pages 1187-1195 (Order forms from N.E.A. Service, Cleveland, Ohio)

"Prognosis of Mental Subnormals," Wendle, Charles
Vol. 66, No. 5, March 1962, American Association on Mental Deficiency,
P. O. Box 96, Willimantic, Conn.

"Stanford-Binet-Form L-M" Vocabulary Scale
Houghton Mifflin Co., 1960.

"The Development of a Job Instructor Training Program for Institutional Service Workers," American Journal of Mental Deficiency, Vol. 66, No. 3, Nov. 1961.

"The Three R's," Chamberlain, N. H. & Moss, D. H.
National Association for Retarded Children
386 Park Avenue South, New York 16, N. Y.

"Understand Your Child From 6 to 12," Lambert, C.
Public Affairs Pamphlet, 22 E. 38th St., New York 16, N. Y.: 1962, No. 144, 23rd edition.

"Vineland Social Maturity Scale," Educ. Testing Bureau
Educational Publishing Company, Philadelphia.

FILMS

"Answering the Child's Why," (18 min.)
Encyclopedia Britannica, 1150 Wilmette Avenue, Wilmette, Illinois.

"Body Care and Grooming"
McGraw-Hill Text Films, 330 West 42nd St., New York 36, N. Y.

"Children Limited" (16 mm. 30 min., color, sound)—Rental free
National Association for Retarded Children, 99 University Place, New York 3, N. Y.

"Children's Play," (27 min.)
McGraw-Hill Text Films

"Fire and Your Hospital" (16 mm. B&W, sound, 27 min.)
American Hospital Association ($4. for three days), 840 N. Lake Shore Drive, Chicago 11, Illinois.

"First Aid—Part I," "Part II" (16 mm. sound 15 min.)
American Red Cross (Contact local Red Cross Office in your area)

"Floor Maintenance" (16 mm., color, sound)
Walter G. Legge Co., 101 Park Ave., New York 17, N. Y.

"Floor Show, Part I" (16 mm., sound, 25 min., color)
"Part II" (16 mm., sound, 16 min.)
Bell System Telephone Office (Contact local office in your area).

"Food Sense—Not Nonsense" (9 min., color)
American Baker's Association, 20 N. Wacker Drive, Chicago 6, Ill.

"Hospital Sepsis: A Communicable Disease"
Hospital Division, Johnson & Johnson, New Brunswick, N. J.

"How to Catch a Cold" (16 mm., color, sound, 10 min.)
Associated Films, Inc., 1108 Jackson St., Dallas, Texas, Ridgefield, N. J.
Kimberly Clark Corporation, Education Department, Neenah, Wisconsin.

"In Case of Fire" (30 min., color)
Encyclopedia Britannica Film Inc., 1150 Wilmette Avenue, Wilmette, Illinois.

"Maintenance" (20 min. color)—Free rental
National Sanitary Supply Association, Inc., 139 N. Clark St., Chicago, Illinois.

"Modern Concepts of Epilepsy" (24 min., sound, color, 16 mm.)
Professional Service, Ayerst Lab., 22 E. 40th St., New York 16, N. Y.

"Social Development" (16 mm., 15 min.)
McGraw-Hill Text Films, New York, N. Y.

"Tuesday's Child" (16 mm., 14 min.)
National Association for Retarded Children, 386 Park Avenue, South, New York, N. Y.

"You and Your Food"
Produced by—Walt Disney, Inc.

ASSOCIATIONS, ORGANIZATIONS AND AGENCIES

(From which helpful material may be obtained)

American Association on Mental Deficiency
Business Office
P. O. Box 96
Willimantic, Connecticut

American Dental Association
222 East Superior Street
Chicago 11, Illinois

American Foundation for the Blind
15 West 16th Street
New York, N. Y.

American Hospital Association
840 North Lake Shore Drive
Chicago 11, Illinois

American Hotel and Motel Association
221 W. 57th Street
New York, N. Y.

American Medical Association
Department of Mental Health
35 North Dearborn Street
Chicago 10, Illinois

American Psychological Association, Inc.
1333 Sixteenth Street, N. W.
Washington 6, D. C.

American Society of Training Directors
2020 University Avenue
Madison, Wisconsin

American Speech and Hearing Association
1001 Connecticut Avenue, N. W.
Washington 6, D. C.

Child Study Association of America
9 East 89th Street
New York 28, N. Y.

Child Welfare League of America
44 East 23rd Street
New York 10, N. Y.

Federal Association for Epilepsy
The Epilepsy Foundation
19 F. Street, N. W.
Washington 6, D. C.

Institute of Sanitation Management
101 West 30th Street
New York 1, N. Y.

Mental Health Materials Center
104 East 25th Street
New York 10, N. Y.

National Association for Retarded Children
386 Park Avenue South
New York 16, New York

National Association of Social Workers
2 Park Avenue
New York 16, N. Y.

National Fire Protection Association
60 Batterymarch Street
Boston 10, Mass.

National League for Nursing
10 Columbus Circle
New York 19, N. Y.

National Safety Council
425 North Michigan Avenue
Chicago 11, Illinois
Office of Civil Defense
Washington, D. C.

Public Affairs Committee, Inc.
22 E. 38th Street
New York 16, N. Y.

Science Research Association, Inc.
259 East Erie Street
Chicago 11, Illinois

The American National Red Cross
Washington, D. C. (Contact also any local office)

The American Sociological Association
New York University
Washington Square
New York 3, New York

United States Department of Agriculture
Washington 25, D. C.

United States Department of Health, Education and Welfare
Children's Bureau
Washington 25, D. C.

United States Printing Office
Washington 25, D. C.

LOYALTY

If you work for a man in heaven's name work for him.

If he pays you your wages which supply you bread and butter, work for him; speak well of him; stand by him and the institution.

If put in a pinch an ounce of loyalty is worth a pound of cleverness.

If you must vilify, condemn and eternally disparge—resign your position, then when you are outside, damn to your heart's content, but as long as you are a part of the institution do not condemn it.

If you do, you are loosening the tendrils that are holding you to the institution, and at the first high wind that comes along you will be uprooted and blown away, and probably will never know the reason why.

ELBERT HUBBARD